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ABSTRACT

This interim guide is a component of the Northwest Territories (Canada) School Health Program. It contains instructional strategies, lesson plans, reproducibles, and teacher background materials for seventh grade classes. The material is organized around the three curriculum units: mental and emotional well-being, growth and development, and family life. The five lessons of the mental and emotional well-being unit focus on self-awareness and relationships. The unit on growth and development contains six lessons on three topics: body systems, disease prevention, and physical fitness. The six lessons of the family life unit are on families, human development and reproduction, and teen decisions. Each lesson plan contains student objectives, vocabulary, several student activities with corresponding guidelines for the teacher, and student worksheets. Teacher background sections contain factual information, overviews of the unit theme, and suggested teaching methods. (IAH)

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Northwest Territories

School Health Program

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SP 033 822

Grade 7

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NORTHWEST TERRITORIES

School Health Program

INTERIM GUIDE

GRADE 7

Northwest
Territories EDUCATION
4 HEALTH

1988

5

MENTAL AND EMOTIONAL WELL-BEING

GRADE 7

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	SELF AWARENESS	Self-concept is how people feel about themselves	i) define self-concept ii) identify the factors that influence self-concept iii) identify characteristics of people with good and poor self-concept
2	SELF AWARENESS	A positive self-concept is important in daily living	i) identify ways to enhance self-concept ii) design a personal program to enhance self-concept iii) evaluate the effectiveness of the program
3	RELATIONSHIPS	Effective communication is important in a relationship	i) identify skills involved in initiating, maintaining and concluding a conversation ii) practise initiating, maintaining and concluding a conversation
4	RELATIONSHIPS	Effective communication is important in a relationship	i) identify what criticism is ii) identify constructive and destructive criticism iii) identify the results of criticism
5	RELATIONSHIPS	Effective communication is important in a relationship	i) identify ways of giving and receiving criticism ii) practise giving and receiving constructive criticism

GROWTH AND DEVELOPMENT

GRADE 7

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	BODY SYSTEMS	The skin supports and protects the body	i) describe the general characteristics of the skin ii) describe the structure of the skin iii) describe the functions of the skin iv) state the importance of the skin
2	BODY SYSTEMS	The skin supports and protects the body	i) describe common problem conditions and their causes related to the skin ii) describe ways to care for the skin iii) demonstrate proper skin care
3	DISEASE PREVENTION	Many health problems in adolescents can be prevented	i) identify common health problems of adolescents ii) describe ways to prevent common adolescent health problems
4	PHYSICAL FITNESS	Physical fitness is essential for optimal health	i) define physical fitness ii) identify the components of physical fitness
5	PHYSICAL FITNESS	Physical fitness is essential for optimal health	i) describe the benefits of being physically fit ii) describe ways in which each fitness component can be developed
6	PHYSICAL FITNESS	Physical fitness is essential for optimal health	i) assess their personal physical fitness levels ii) describe the structure of a well-planned physical fitness program iii) participate in a well-planned fitness program

FAMILY LIFE

GRADE 7

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	FAMILIES	Families make important decisions about the roles and responsibilities of members	i) identify decisions which are made within the family ii) identify family decisions that affect the roles and responsibilities of its members
2	HUMAN DEVELOPMENT AND REPRODUCTION	Reproduction ensures the continuation of new life	i) identify the structure and function of the male reproductive system ii) identify the structure and function of the female reproductive system
3	HUMAN DEVELOPMENT AND REPRODUCTION	The development of reproductive cells is a normal occurrence in puberty	i) explain the process of menstruation ii) identify personal hygiene practices related to menstruation iii) explain the process of sperm development iv) identify personal hygiene practices related to the male reproductive system
4	HUMAN DEVELOPMENT AND REPRODUCTION	Human life begins with the union of an ovum and a sperm	i) explain the processes involved in the development of new life
5	TEEN DECISIONS	Adolescents make important decisions related to their own sexuality	i) explain the reasons for and against sexual involvement by young people ii) identify the advantages and disadvantages of sexual abstinence for young adolescents iii) explain why sexual abstinence is a responsible choice for young adolescents
6	TEEN DECISIONS	There are risks and consequences to maternal and child health related to adolescent pregnancy	i) identify the risks and consequences to maternal and child health related to adolescent pregnancy

7	TEEN DECISIONS	Effective use of assertiveness skills can help adolescents deal with sexual pressures	i) demonstrate the steps in the refusal process ii) describe assertive responses that allow a person to say 'No' to sexual pressure iii) explain how assertiveness skills can help adolescents deal with sexual pressure
8	SEXUALLY TRANSMITTED DISEASES	Sexually transmitted diseases are serious communicable diseases that can be prevented	i) define sexually transmitted diseases ii) identify the causes, characteristics, consequences, treatment and prevention of chlamydia iii) identify the causes, characteristics, consequences, treatment and prevention of gonorrhea
9	ABUSE PREVENTION	Sexual assault is a criminal offence	i) define sexual assault ii) distinguish between fact and fiction on sexual assault iii) describe the consequences of assault and sexual assault for the victim and the offender iv) identify behaviours that help prevent sexual assault
10	LIFESTYLE	Positive lifestyle practices promote health	i) identify positive lifestyle practices that promote healthy sexuality and family relationships ii) design a personal program to promote healthy sexuality and family relationships iii) evaluate the effectiveness of the program

GRADE 7

MENTAL AND EMOTIONAL WELL-BEING

MENTAL AND EMOTIONAL WELL-BEING

GRADE: 7 **LESSON:** 1 **THEME:** SELF AWARENESS

CONCEPT: SELF-CONCEPT IS HOW PEOPLE FEEL ABOUT THEMSELVES

PREPARATION:

1. Prepare an overhead transparency of Activity Sheet ME59A
2. Prepare a class set of Building My Self-Concept worksheet (Activity Sheet ME60)
3. Prepare enough Self-Concept Case Studies for several groups (Activity Sheet ME61)

VOCABULARY: self-concept, responsible, assertive, aggressive, passive, feelings vocabulary for good/poor self-concept

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page ME33 to ME35
i) define self-concept	1. Define the term 'self-concept'.	Use a dictionary and general discussion to define the term. Self-concept is what a person thinks and believes about himself or herself. It affects the way a person gets along with others and the way others get along with that person.
	2. Describe a person with a good self-concept.	Brainstorm examples of how a person with a good self-concept feels about him/herself and acts. (Ask students to identify situations such as those listed on the chart, and then help them identify appropriate feelings.)

OBJECTIVES

STUDENT ACTIVITIES

TEACHER NOTES

A person with a good self-concept	S/he feels/is
- is not afraid to try new things - likes him/herself - helps others	- capable - loveable - valuable - worthy - likeable - responsible - respectful - helpful - reliable - assertive - considerate

Keep this chart for use with Student Activity 5.

ii) identify the factors that influence self-concept

3. Give examples of factors that influence self-concept.

Ask students to identify situations in which they feel good/bad about themselves. Record their responses on two charts as shown:

I feel good about myself when:
- I am with my best friend - I wear new jeans

I feel bad about myself when:
- I fail a test - I pig out on junk food

Refer to Activity Sheet ME59A.

Using the overhead transparency, list each experience under the appropriate heading. For example:

> "I feel good about myself when I am with my best friend" could be listed under the heading "People" as "best friend".

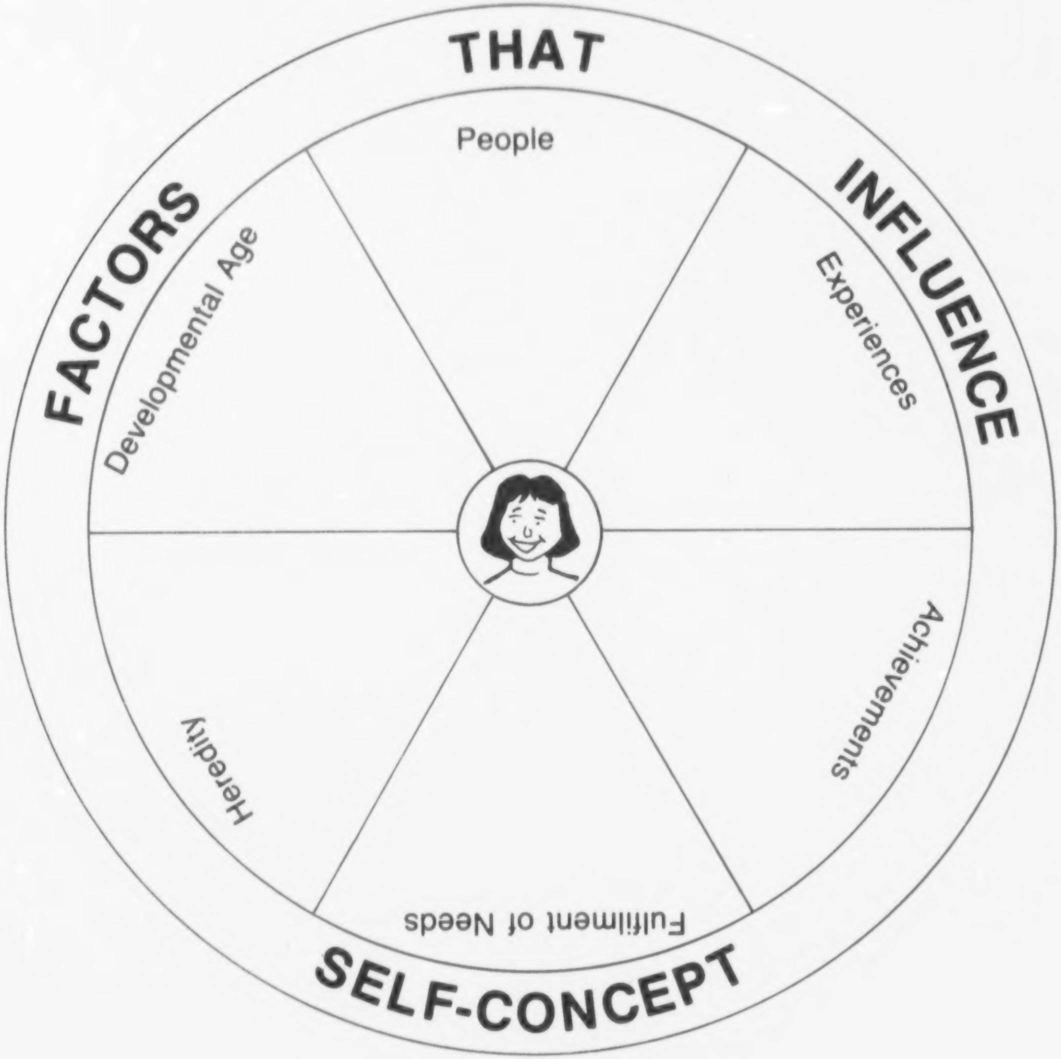
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Possible answers are given on Activity Sheet ME59B.
	4. Complete Building My Self-Concept worksheet.	Refer to Activity Sheet ME60. Have students identify positive experiences, people, etc., throughout their lives that have influenced their self-concepts. e.g., - hunting first moose with father - baking bannock - skating award - etc. Students should refer to completed overhead ME59A to ensure that they consider all factors influencing self-concept. Discuss responses.
iii) identify characteristics of people with good and poor self-concept	5. Describe a person with a poor self-concept.	Review the chart prepared for Student Activity 2. Have students identify the feelings of people with a poor self-concept. Record student responses using a chart as illustrated:

A person with poor self-concept	**S/he feels/is**
- may pick on other people - may have few friends - is always alone	- aggressive - disliked - lonely - irresponsible - inconsiderate - disrespectful - passive - incapable

Keep this chart for use with Lesson 2.

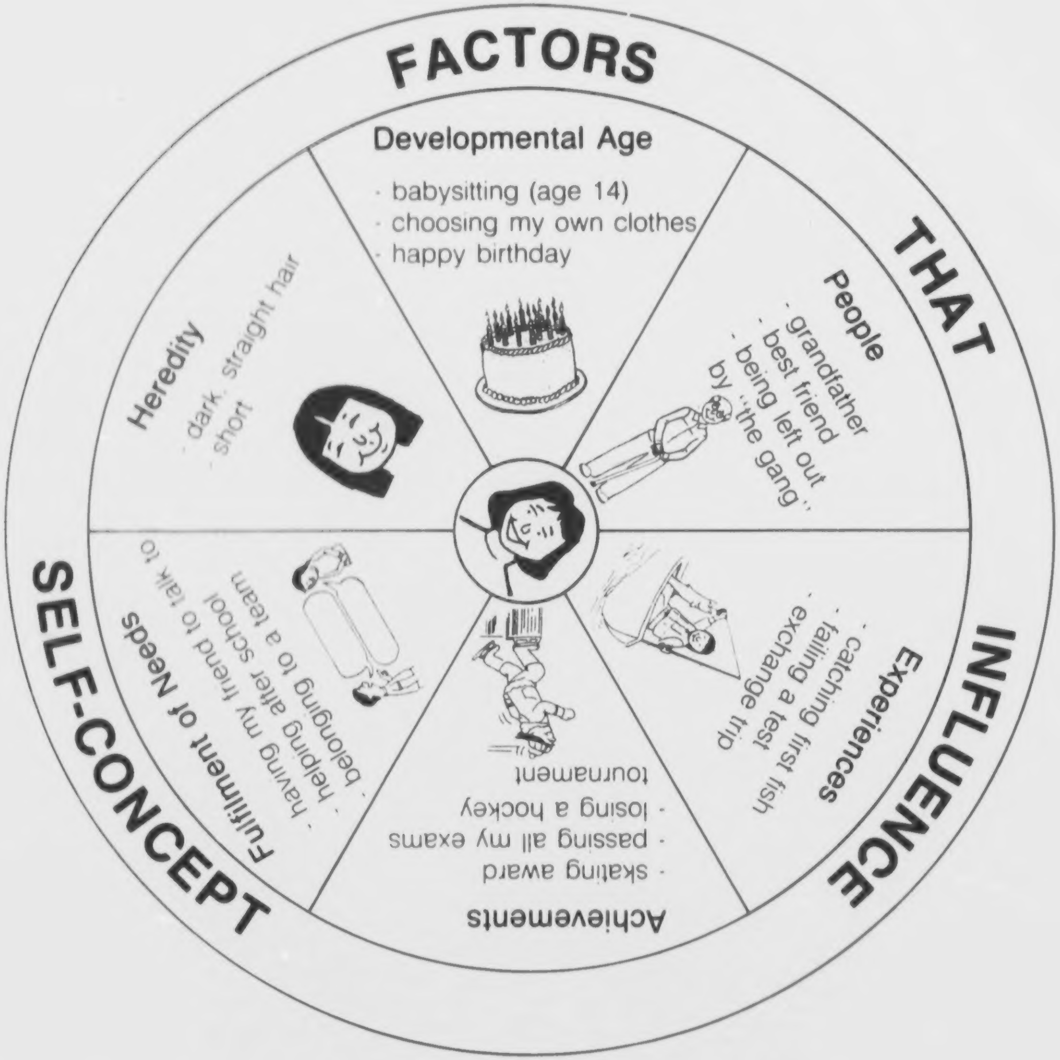
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Compare a person with a good self-concept and a person with a poor self-concept. Emphasize to students that people do not simply have a good self-concept or poor self-concept. Everyone has things about themselves which they feel good about and things which they feel badly about.
	6. Complete Self-Concept Case Studies worksheet.	Refer to Activity Sheet ME61. In small groups, have each group select one or two case studies to examine. Have students identify the behaviours and feelings of people with a good self-concept and a poor self-concept. Record on the worksheet. Have one student from each group report back to the class. Discuss.

FACTORS THAT INFLUENCE SELF-CONCEPT


THAT
INFLUENCE
SELF-CONCEPT
FACTORS
People
Experiences
Achievements
Fulfillment of Needs
Heredity
Developmental Age

FACTORS THAT INFLUENCE SELF-CONCEPT

ME59B



FACTORS THAT INFLUENCE SELF-CONCEPT

Developmental Age
- babysitting (age 14)
- choosing my own clothes
- happy birthday

People
- grandfather
- best friend
- being left out by "the gang"

Experiences
- catching first fish
- failing a test
- exchange trip

Achievements
- skating award
- passing all my exams
- losing a hockey tournament

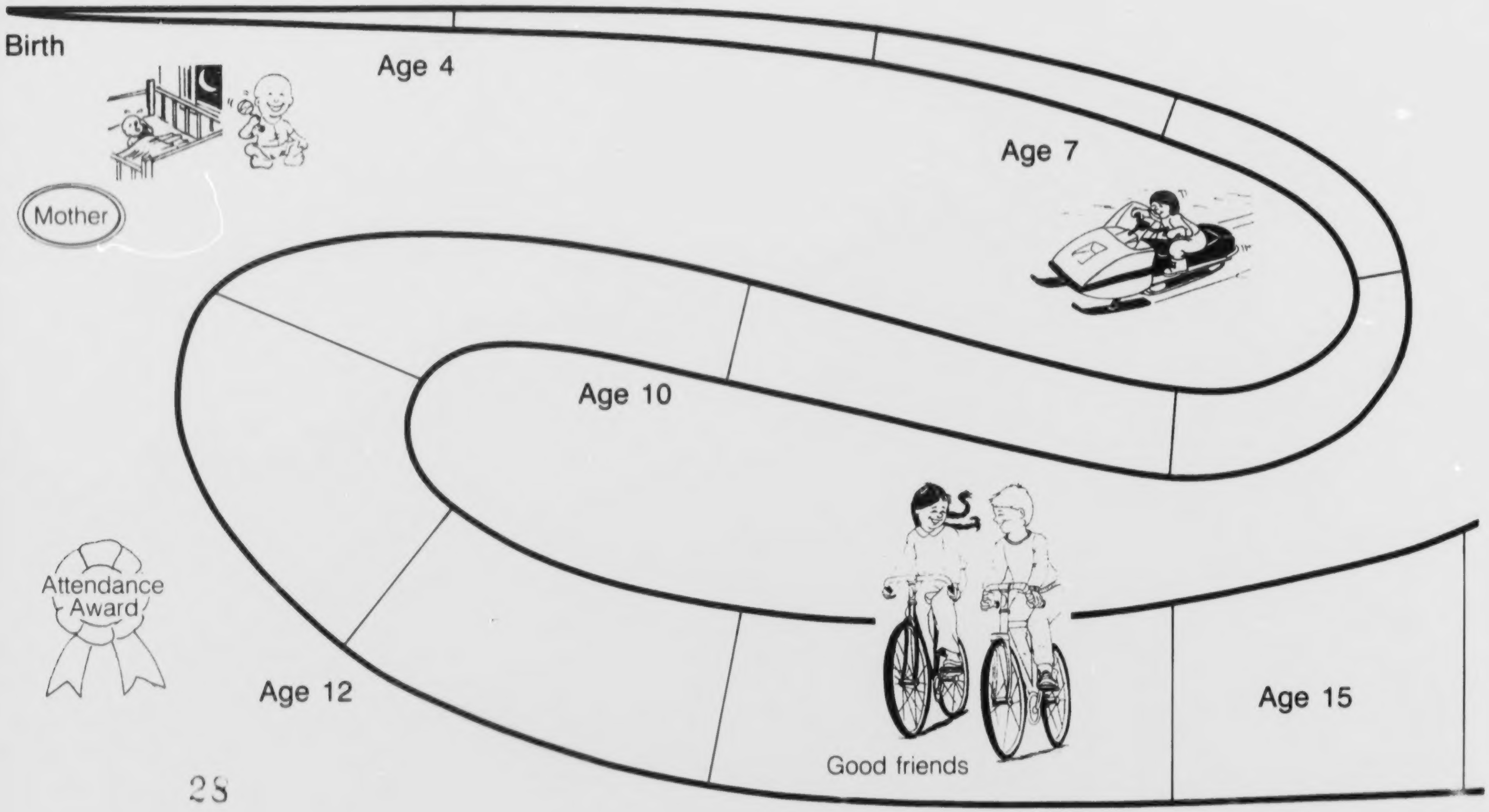
Fulfilment of Needs
- having my friend to talk to
- helping after school
- belonging to a team

Heredity
- dark, straight hair
- short

BUILDING MY SELF-CONCEPT

ME60

Draw and write about experiences and people who have helped you develop your self-concept.


Birth
Age 4
Mother
Age 7
Age 10
Attendance Award
Age 12
Good friends
Age 15

SELF-CONCEPT CASE STUDIES

ME61

For each situation, record how a person with a good self-concept and how a person with a poor self-concept would feel and behave.

	Good Self-Concept		Poor Self-Concept	
	Behaviour	**Feelings**	**Behaviour**	**Feelings**
1. It is the first day that the volleyball team meets for practice.				
2. A student has to present a report to the rest of the class.				
3. A student has asked to join a group of teenagers on a trip to the arena and they say no.				
4. It is a student's first day at a new school.				
5. The teacher asks a student to stay after class to talk to him/her.				

MENTAL AND EMOTIONAL WELL-BEING

GRADE: 7 **LESSON:** 2 **THEME: SELF AWARENESS**

CONCEPT: A POSITIVE SELF-CONCEPT IS IMPORTANT IN DAILY LIVING

PREPARATION: 1. Prepare a class set of Building My Own Self-Concept (Activity Sheets ME62A and ME62B)

VOCABULARY: goal, achieve, progress, evaluation

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify ways to enhance self-concept	Students: 1. Describe ways to improve self-concept.	Background Information: Page ME33 to ME35 Display the chart developed during Lesson 1, Student Activity 5. For each situation have students brainstorm possible ways to improve self-concept. These may include: - belonging to one or more groups - sharing responsibilities with family members - encouraging others - taking time to do an activity you enjoy - setting goals and working towards them - learning how to communicate assertively - recognizing your strengths and weaknesses

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) design a personal program to enhance self-concept	2. Design a personal program to build their self-concepts.	Refer to Activity Sheet ME62A. Have students select one aspect of their lives where they have a poor self-concept and then decide on a goal and devise a strategy to improve their self-concept. Work individually with students to ensure that goals are ***specific, measurable*** and ***realistic.*** Compare for example these goals for a student who feels badly about not doing well in a test. Poor goal: "I'm going to do better." Better goal: "I'm going to get 80% on my next test."
	3. Practise their personal programs for a given time period.	Refer to Activity Sheet ME62B. Have students record their own progress on a daily basis for a fixed length of time.
iii) evaluate the effectiveness of the program	4. Describe the degree of success of their personal programs.	Refer to Activity Sheet ME62B. Have students refer to the evaluation data for their programs. These programs can be continued over an extended length of time. Goals can be altered as necessary.

BUILDING MY OWN SELF-CONCEPT

ME62A

Select one thing that you can do personally to improve your own self-concept. Develop an action plan to achieve your goal.

MY GOAL:

WHY I CHOSE THIS GOAL:

STEPS TO REACH MY GOAL:

(What I have to do to reach my goal)

5

4

3

2

1

SUPPORT I NEED
TO REACH MY GOAL

ME62B

PROGRESS:

(Chart your daily progress)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
WEEK 1							
WEEK 2							
WEEK 3							
WEEK 4							

HOW DID I DO?

(Summarize your progress and assess how well you did.)

MENTAL AND EMOTIONAL WELL-BEING

GRADE: 7 **LESSON:** 3 **THEME:** RELATIONSHIPS

CONCEPT: EFFECTIVE COMMUNICATION IS IMPORTANT IN A RELATIONSHIP

PREPARATION: 1. Have four students prepare for role play in Student Activity 3

VOCABULARY: initiate, maintain, conclude, body language

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page —
i) identify skills involved in initiating, maintaining and concluding a conversation	1. Review reasons why people communicate.	People communicate in order to: - exchange information (e.g., How do I get to the Bay?) - exchange ideas (e.g., The Meech Lake Accord is harmful to the north.) - exchange feelings (e.g., I'm lonely without you.) - entertain (e.g., music, art) - pass on culture (e.g., stories, education) Communication is a learned skill which enhances relationships with family, friends, colleagues etc..
	2. Identify the three stages of a conversation.	The three stages are: - initiating - maintaining - concluding

OBJECTIVES

STUDENT ACTIVITIES

3. Identify some ways to initiate, maintain and conclude a conversation.

TEACHER NOTES

Have 4 students prepare skits to present to the class. Two of the students converse in a manner which facilitates and enhances their conversation. The other two do the opposite.

Select a topic such as discussing a recent sports event or planning a class party. Help students write and practise their scripts.

When the skits are presented to the class, students should identify things which facilitated the conversation of the 2 students who were communicating effectively.

Categorize and record student responses using a chart as illustrated:

Conversation		
Initiating	**Maintaining**	**Concluding**
- proper introduction of oneself - choosing a topic of common interest - using positive body language (smiling, nodding, posture, eye contact) - speaking clearly - listening actively	- listening actively - clearly expressing ideas - choosing correct words - not interrupting the speaker - repeating the message accurately - asking questions - respecting other people's opinions - showing interest	- knowing when to end the conversation - making positive concluding remarks (It was nice talking to you.)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) practise initiating, maintaining and concluding a conversation	4. Role play how to initiate, maintain and conclude a conversation.	In groups of 3 have students select a topic of conversation and practise initiating, maintaining and concluding a conversation. Two students converse while the third coaches them to use the techniques listed on the chart above. Students switch roles so that everyone has a turn coaching. Possible topics of conversation include: - introducing a new friend to your group and making him/her feel welcome - discussing a recent sports event - asking friends over for a party - inviting a special friend to dance - asking a parent for new clothes - asking a teacher for help with homework - asking a friend to help you complete a chore Discuss.

MENTAL AND EMOTIONAL WELL-BEING

GRADE: 7 **LESSON:** 4 **THEME:** RELATIONSHIPS

CONCEPT: EFFECTIVE COMMUNICATION IS IMPORTANT IN A RELATIONSHIP

PREPARATION:

VOCABULARY: criticism, constructive, destructive, judgement, evaluation

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page —
i) identify what criticism is	1. Brainstorm what is meant by criticism.	
	2. Define the term 'criticism'.	Use a dictionary and general discussion to define the term. Criticism is making judgements or evaluations about someone or something.

<table>
<tr><th>OBJECTIVES</th><th>STUDENT ACTIVITIES</th><th>TEACHER NOTES</th></tr>
<tr>
<td>ii) identify constructive and destructive criticism</td>
<td>3. Distinguish between constructive and destructive criticism.
4. Give examples of constructive and destructive criticism.</td>
<td>Constructive criticism tries to help improve someone or something. Destructive criticism is fault finding.
Using scenarios such as those listed below ask students to provide both constructive and destructive criticism.
- Someone cannot catch a baseball very well.
- Your sister borrows your Walkman without asking.
- A student fails a test.
- Someone is late for work/school.
- The radio is so loud you cannot talk on the telephone.
- You and a friend are supposed to be putting the volleyball equipment away but your friend is goofing off and you're doing all the work.
Teachers must be sensitive to student comments.</td>
</tr>
<tr>
<td>iii) identify the results of criticism</td>
<td>5. Describe some possible results of constructive and destructive criticism.</td>
<td>Using the scenarios from Student Activity 4 ask students to brainstorm the possible results of their suggested criticisms. Record student responses on a chart as illustrated:
<table>
<tr><th>Constructive Criticism</th><th>Destructive Criticism</th></tr>
<tr><td>- provides more knowledge about self
- demonstrates sense of caring
- shows acceptance by other person
- enhances self-concept
- enhances relationships
- shows respect for other person</td><td>- person receiving criticism feels incapable, disliked, worthless
- demonstrates non-acceptance by other person
- lowers self-concept
- leads to communication breakdown</td></tr>
</table>
Discuss.</td>
</tr>
</table>

MENTAL AND EMOTIONAL WELL-BEING

GRADE: 7 **LESSON:** 5 **THEME: RELATIONSHIPS**

CONCEPT: EFFECTIVE COMMUNICATION IS IMPORTANT IN A RELATIONSHIP

PREPARATION: 1. Prepare enough Critical Case Studies for several groups (Activity Sheet ME63)

VOCABULARY:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page —
i) identify ways of giving and receiving criticism	1. Identify ways to give constructive criticism.	Using one of the scenarios from Lesson 4, Student Activity 4, ask students to give constructive criticism for the chosen situation. For example: Situation: Failing a test Constructive Criticism: "You're doing well on multiplication but your division needs a lot of improvement. I want you to come in after school for some extra help."
	2. Identify ways to receive constructive criticism.	Ask students to identify ways constructive criticism is given and received. Record their responses on an experience chart as illustrated:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES

Giving Criticism

1. If you are bringing up an issue that has taken place some time ago, ask to bring it up now.
2. Be specific.
3. Use personal pronouns.
4. Avoid namecalling and put downs.
5. Assume a positive body image.
6. Give the person some suggestions as to what they could do to alleviate your discomfort.
7. Don't let negative feelings pile up until you explode.
8. Give positive feedback as well as negative.
9. Avoid sidetracking.
10. Be honest with your struggle to be direct.

Handling Criticism

1. Relax and listen.
2. Paraphrase the criticism.
3. Decide whether criticism is fair or unfair.
4. Ask for clarification.
5. Ask for specific suggestions or alternatives.
6. Don't go into long excuses.
7. If you disagree respond with opinion statements.
8. Keep your voice at a normal pitch.
9. Share your feelings.
10. Avoid taking criticism personally.

Discuss.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Discuss positive ways to cope with destructive criticism.	Brainstorm tips for handling destructive criticism. Refer students to the chart "Handling Criticism" from Student Activity 2. Additional ways to handle destructive criticism include: · not over-reacting · closing the subject and leaving the situation
ii) practise giving and receiving constructive criticism	4. Role play giving and receiving constructive criticism.	Refer to Activity Sheet ME63. In small groups, have students change destructive criticism to constructive criticsm, using the case studies. Have each group role play one case study for the class. Discuss as a class.
	5. Develop their own case studies.	Have students develop their own case studies in which they give and receive constructive criticism.

CRITICAL CASE STUDIES

1. Carla, a grade 7 student, brings home her fall report card. Her parents read it and her father says "This report card is terrible. Why don't you smarten up?"

   a) How does Carla feel?
   b) What can Carla say and do?
   c) What constructive criticism can her parents give to Carla?

   Complete a script. Role play.

2. The hockey coach tells Chris in front of some team members "You are not concentrating on your game. If you spent more time looking for the puck and less time looking at your friends on the side you might do better."

   a) How does Chris feel?
   b) What can Chris say and do?
   c) What constructive criticism might the coach have given to Chris?

   Complete a script. Role play.

3. Robert asks his mother for a new pair of runners because his friends tease him about his old ones. Mother responds angrily, "You're always worried about what your friends say and never about where the money is going to come from!"

   a) How does Robert feel?
   b) What can Robert say and do?
   c) Rewrite mother's comments into constructive comments.

   Complete a script. Role play.

4. Stella cannot find the calculator she borrowed from her friend.
   Her friend says, "You're stupid and irresponsible. I'll get you for this."

   a) How does Stella feel?
   b) What can Stella say and do?
   c) Rewrite some constructive criticism Stella's friend might have given.

   Complete a script. Role play.

GRADE 7

MENTAL AND EMOTIONAL WELL-BEING

MENTAL AND EMOTIONAL WELL-BEING

The Mental and Emotional Well-Being Unit of the Health program aims to enable students to function effectively in a social context. An increase in self-understanding will lead to an enhancement of their self-concept. Together with the acquisition of decision-making, communication and coping skills, this will lead to an improvement in students' mental and emotional well-being, and in their ability to function effectively socially.

The school can contribute greatly in the development of a healthy mental and emotional well-being, through the attitudes of staff, and the atmosphere in both the classroom and the school. Positive attitudes and a positive atmosphere will enhance students' self-concept.

For that reason, the creation of a positive classroom atmosphere is essential for teaching this unit. (Refer to "Introduction: Building A Positive Classroom Atmosphere".) Since the unit deals with very personal topics (students are, after all, learning about themselves, and nothing can be more personal than that!), teachers should be aware of the need for sensitivity and respect. Students should be given the opportunity to participate in discussions, but should also be given the opportunity to pass, if they feel uncomfortable in sharing information with others. Students, and teachers, will gradually become more accustomed to the teaching methods used in this unit, and will soon begin to feel quite comfortable with the unit. Pilot testing of this unit indicated that students were hesitant for the first two or three lessons, but then really enjoyed learning about themselves!

Because of the personal nature of the unit, teachers must become familiar with its cultural appropriateness. Different cultural groups have different values regarding the self, as opposed to the group. They have different ways of appropriately expressing (or not expressing) feelings. Teachers should adapt the materials as necessary to fit the local situation. Wherever possible, members of the local culture should teach culturally sensitive topics to enhance and reinforce students' understanding of these topics within the appropriate cultural context.

Mental and emotional well-being refers to how a person feels, thinks and acts. If s/he feels "good", this translates into positive feelings, positive relationships with other people, decisiveness and an ability to cope with the stresses of every day life. A person who does not feel "good" has difficulty forming worthwhile relationships and has difficulty functioning in every day life.

SELF-CONCEPT

Self-concept is the sum of ideas (or perception) including beliefs and attitudes, that a person has about him/herself. It includes self-worth, self-image and self-esteem.

Self-concept is derived from three elements:

- the real person, i.e., what the individual is really like
- others' perceptions of the individual. Self-concept is developed through interaction. If the interaction is positive (i.e., loving, supportive, etc.), self-concept will be positive. Self-concept is defined by key people in a person's environment (e.g., family members, friends, peers, elders, etc.), and
- the individual's perceptions of him/herself. An individual lives up to his/her own expectations and depends on him/herself rather than on others.

When young people move toward a more individual and independent sense of identity during adolescence, developing moral values, physical changes, sexual impulses, changing relationships etc., all impact on a person's self-concept.

Students can take responsibility for the enhancement of their own positive self-concept (throughout life) by developing skills which include:

- occasional self-praise; the student must admit to him/herself that it is his/her ability and effort that has given each success, not luck and an easy task.
- acknowledgement of personal successes and the contributing strengths; success in itself is not adequate.
- recognition and identification of personal strengths; they can start to do this by identifying strengths required to perform specific tasks.
- self-examination skills which identify things that can be changed; the individual must be willing to work on those while accepting things that cannot be changed. This can be achieved through:
  - setting realistic goals
  - setting goals one at a time
  - identifying small steps to achieve the goal
  - rewarding oneself
- developing the ability to accept praise rather than denying the strength being praised; this helps establish self-worth. People can learn specific skills, such as how to accept a compliment.
- learning how to benefit by mistakes and accepting them, rather than being defeated or deflated by them; games of trial and error and a discussion of the process can develop this skill.

A positive self-concept results in high self-esteem; a negative self-concept in lack of self-esteem. Individuals exhibit attributes that correspond with their level of self-esteem.

Characteristics of high self-esteem	**Characteristics of low self-esteem**
- positive evaluation of self	- unhappy with themselves
- feeling of self-worth	- anxious
- self-confident	- a need to compare and evaluate themselves in relation to others
- moderate risk takers	- unwilling to risk failure and resulting disapproval
- clear about strengths and weaknesses	- avoidance in facing personal short-comings
- able to accept constructive criticism	- sensitive to criticism
- good interpersonal skills	- unable to form good relationships, unpopular
- able to avoid destructive behaviour	- submissive, nonassertive, dependent
	- a high need for approval
- an ability to self-actualize (become all they can in life)	- an overriding desire to live up to the expectations of others
- ability to acknowledge their success	- never sees their own success as such

Anxiety can hinder people with low self-esteem from entering social situations. Taking this risk is necessary to make new friends, develop new skills and provide opportunities for positive acknowledgement of the individual. However, risk taking may result in failure, which the low-esteem individual has difficulty accepting.

Everyone can contribute to an environment that helps the development of a positive self-concept through:

- having a positive attitude
- using encouragement rather than praise
- expressing their feelings; encouraging and teaching others to do so
- practising good listening skills (non-judgemental)
- encouraging differences and creativity
- allowing responsibility
- being a good role model
- making the individual feel special
- not ridiculing or embarrasing others
- giving individuals a chance to do the things they do well (and helping them); this allows them to experience success
- examining the consequences of behaviour
- clearly defining performance standards

GRADE 7

GROWTH AND DEVELOPMENT

GROWTH AND DEVELOPMENT

GRADE: 7 **LESSON:** 1 **THEME:** BODY SYSTEMS

CONCEPT: THE SKIN SUPPORTS AND PROTECTS THE BODY

PREPARATION:

1. Prepare an overhead transparency of Activity Sheet GD59
2. Prepare a class set of Structure and Functions of the Skin worksheet (Activity Sheet GD60A)
3. Prepare enough copies of the Sweat Glands worksheet for several groups (Activity Sheet GD61)
4. Writing paper, scissors, corn starch, measuring cups/spoons, containers for mixing (for Activity Sheet GD61)

VOCABULARY: epidermis, dermis, sweat, pigment, regulates

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) describe the general characteristics of the skin	Students: 1. Describe the general characteristics of the skin.	Background Information: Page GD57 to GD62. Have students look at their skin and describe some general characteristics of the skin. General characteristics of the skin include: - colour and freckles - lines and wrinkles - hair growth - fingerprints - no rashes or blemishes - soft, supple texture - weighs about 3 kilograms in adults - covers about 2.3 square metres - thickness varies (eyelids thinnest; soles of feet thickest) The skin is the largest organ of the body.

OBJECTIVES

ii) describe the structure of the skin

iii) describe the functions of the skin

STUDENT ACTIVITIES

2. List the three skin layers, their related parts and the general functions of each layer.

TEACHER NOTES

Refer to Activity Sheet GD59.

Use the overhead transparency.

Refer to the chart below. Write each General Function on a separate strip of paper. (You will have nine strips.)

Construct with students a large version of the chart below:

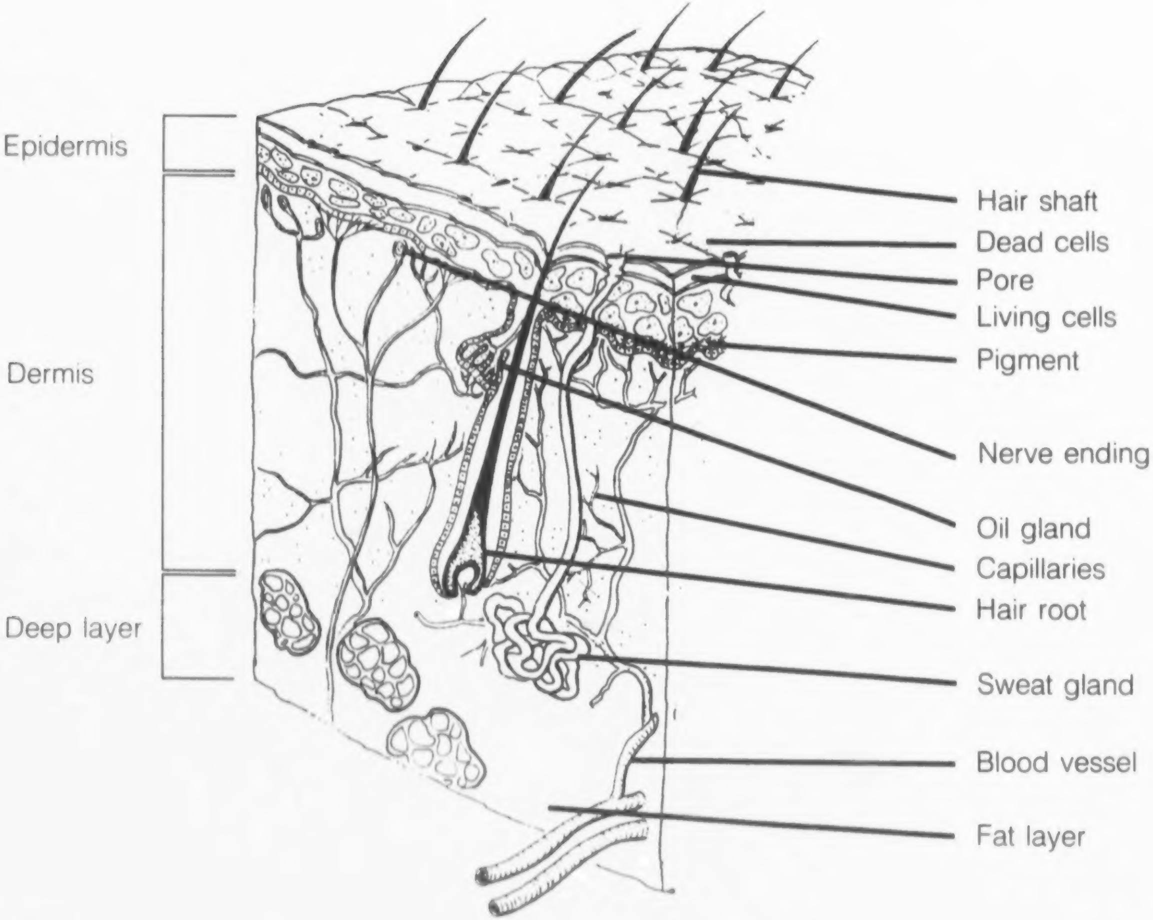
- Write the three categories along the top.
- Write the three skin layers in the left hand column.
- Students refer to the overhead to identify the structures for each layer.
- Students match each function strip with the appropriate layer.

Layer	Structure	General Function
Top Layer (Epidermis)	- dead cells - living cells - hair shaft (tips) - pores - pigment	- protects the body from germ entry - regulates body temperature - removes wastes
Middle Layer (Dermis)	- sweat glands - oil glands - hair roots - nerve endings	- receives sensations (i.e., pressure, pain, heat, cold) - regulates body temperature - secretes oil to make skin waterproof and soft
Deep Layer	- blood vessels - fat layer	- binds the skin to the body - stores fat and water for use as needed - regulates temperature

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Complete Structure and Functions of the Skin worksheet.	Refer to Activity Sheet GD60A. Refer to Activity Sheet GD60B for answers.
	4. Investigate how sweat cools the body.	Have students wet one hand and then go outside with no mitts on. Ask students to think about the following: - which hand got cold faster? (the wet one) - why? (moisture drying off the skin) - how sweat helps the skin? (cools it down) (regulates temperature)
	5. Investigate the location of sweat glands on the palm of the hand.	Refer to Activity Sheet GD61. Have the students perform the experiment to determine where the sweat glands are located.
iv) state the importance of the skin	6. Describe the importance of the skin.	The skin is important because of the many functions it performs. Have students review these functions using the sentence pattern: Skin is important because it ______________________ . - regulates temperature - receives sensations - helps prevent disease - tells us what colour we are! - etc. (Refer to Student Activities 2 and 3.)

A CROSS SECTION OF THE SKIN

GD59


Epidermis
Dermis
Deep layer
Hair shaft
Dead cells
Pore
Living cells
Pigment
Nerve ending
Oil gland
Capillaries
Hair root
Sweat gland
Blood vessel
Fat layer

STRUCTURE AND FUNCTIONS OF THE SKIN

GD60A

Read each sentence, then choose a word from the box to complete the sentence.

- sweat glands
- oil glands
- deep layer
- pores
- dermis
- sweat
- epidermis
- hair shaft

1. The top layer of the skin is called the __________.
2. The layer of the skin that receives pain, pressure, hot and cold is called the __________.
3. __________ is the secretion that cools the skin.
4. On the surface of the skin are tiny openings called __________.
5. The __________ help to keep the skin from cracking and flaking.
6. The __________ attaches the outer skin to the body.
7. Each hair grows out of a tiny pit called a __________.
8. __________ from the dermis secrete perspiration.

Write three functions for each layer of the skin.

Top layer
(epidermis):

1. ______________________________
2. ______________________________
3. ______________________________

Middle layer
(dermis):

1. ______________________________
2. ______________________________
3. ______________________________

Deep layer:

1. ______________________________
2. ______________________________
3. ______________________________

STRUCTURE AND FUNCTIONS OF THE SKIN

GD60B

(Teacher Answer Guide)

Read each sentence, then choose a word from the box to complete the sentence.

sweat glands
oil glands
deep layer
pores
dermis
sweat
epidermis
hair shaft

1. The top layer of the skin is called the (epidermis).
2. The layer of the skin that receives pain, pressure, hot and cold is called the (dermis).
3. (Sweat) is the secretion that cools the skin.
4. On the surface of the skin are tiny openings called (pores).
5. The (oil glands) help to keep the skin from cracking and flaking.
6. The (deep layer) attaches the outer skin to the body.
7. Each hair grows out of a tiny pit called a (hair shaft).
8. (Sweat glands) from the dermis secrete perspiration.

Write three functions for each layer of the skin.

Top layer
(epidermis):

1. protects against germ entry
2. regulates body temperature
3. removes wastes

Middle layer
(dermis):

1. receives sensations i.e., pain, pressure, temperature
2. regulates body temperature
3. secretes oil

Deep layer:

1. binds the skin to the body
2. stores fat and water for use as needed
3. regulates temperature

SEARCHING FOR SWEAT GLANDS

GD61

There are more sweat glands in some areas of the skin than in others — the palm of the hand and the sole of the foot, for example. Try this simple test to help locate the sweat glands on the palm of the hand.

Steps

1. Cut some writing paper into 6 cm x 6 cm squares. Make one square for each person in your group.
2. Combine 100 ml. water with 10-15 ml. cornstarch and stir well.
3. Dip writing papers into the cornstarch solution. Let them dry.
4. Paint the palm with iodine.
5. Exercise to work up a sweat.
6. Press test paper on painted palm. Sweat glands will show up as dark spots.

GROWTH AND DEVELOPMENT

GRADE: 7 **LESSON:** 2 **THEME:** BODY SYSTEMS

CONCEPT: THE SKIN SUPPORTS AND PROTECTS THE BODY

PREPARATION:

1. Prepare two class sets of My Skin Care Routine (Activity Sheet GD62)
2. Prior to the class, invite a community health nurse to visit the class (for Student Activity 3)
3. Prepare several copies of Common Skin Problems worksheet (Activity Sheet GD63)
4. Pamphlets, books, other health information for Student Activity 4

VOCABULARY: acne, lice, scabies, impetigo, ringworm, warts, athlete's foot, symptoms, cure, prevention

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to	Students:	Background Information: Page GD57 to GD62.
i) describe common problem conditions and their causes related to the skin	1. Complete My Skin Care Routine worksheet.	Refer to Activity Sheet GD62. Have students complete the worksheet as a pre-test. Collect and keep the completed tests for use later in the lesson.
	2. Name common problem conditions related to the skin.	Ask students to name as many skin problems as they can think of. List their responses on the board or on chart paper. Common skin problem conditions include: - acne - lice - scabies - impetigo - ringworm - sunburn - frostbite - cold sores - athlete's foot - warts - burns - skin cancer

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Discuss common skin problem conditions.	Invite a community health nurse into the classroom to discuss skin problem conditions with the students. Prior to the class, have students write down any questions they would like answered.
	4. Prepare a brief report on two common skin problems and what causes each of them.	Refer to Activity Sheet GD63, health pamphlets, books, etc. In small groups, have students research two common skin problems. Have them write reports using the format on Activity Sheet GD63. (Ensure that all common skin problems are reported on.) Share the reports with the rest of the class.
ii) describe ways to care for the skin	5. List ways to care for the skin.	Brainstorm with students different ways of caring for the skin. List their responses on the board. Ways to care for the skin include: - cleaning the skin, washing it at least once a day with soap and water - drying skin thoroughly with a soft towel - not pinching or picking blemishes - using warm compresses for pimple care - using little or no make-up - not sharing cosmetics, especially eye make-up - using sunscreen to prevent sunburn - covering skin to protect it from frostbite - eating balanced meals - drinking plenty of fluids - washing to avoid unpleasant skin odours - avoiding smoking (causes premature wrinkles)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
iii) demonstrate proper skin care	6. Follow a proper skin care routine.	Refer to Activity Sheet GD62. Distribute My Skin Care Routine worksheets completed by students at the beginning of the lesson. Ask each student to identify: - those areas where skin care is adequate - 2 to 4 areas which need improvement (e.g., picking at blemishes) After two weeks ask students to complete the worksheet again, to note improvements and to discuss reasons why they may not have improved.

MY SKIN CARE ROUTINE

GD62

Check the appropriate box:

I	never	sometimes/ a bit	once a week	two or three times a week	once a day	two or more times a day
wash my face with soap and water						
wash hands with soap and water						
shower/bath						
pick/pinch blemishes/pimples						
use deodorant						
wear make-up						
share make-up with friends						
wear sunscreen						
cover my skin to prevent frostbite						
eat balanced meals						
drink plenty of fluids						
smoke						

COMMON SKIN PROBLEMS

GD63

Skin Problem: ____________________

Symptoms: ____________________

____

____

Cause: ____________________

Treatment: ____________________

____

____

Prevention: ____________________

____

GROWTH AND DEVELOPMENT

GRADE: 7 **LESSON:** 3 **THEME: DISEASE PREVENTION**

CONCEPT: MANY HEALTH PROBLEMS IN ADOLESCENTS CAN BE PREVENTED

PREPARATION:
1. Prior to the class, invite the doctor or community health nurse to the class to discuss adolescent health problems
2. Pamphlets and other information on common adolescent health problems

VOCABULARY: adolescent, mental health

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify common health problems of adolescents	Students: 1. Brainstorm common health problems of adolescents in the N.W.T. and Canada.	Background Information: Page — Common health problems of adolescents in the N.W.T. and Canada include: - mental health problems (i.e., psychosocial problems related to school, family and peers) - suicide - teenage pregnancy - sexually transmitted diseases (S.T.D.s) - drug misuse and abuse (i.e., tobacco, marijuana, alcohol) - accidents - nutrition problems (i.e., obesity, malnutrition) - environmental problems (i.e., pollutants, noise, stress, radiation) - dental problems (tooth decay) Discuss.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Discuss the most common types of adolescent health problems treated in the community.	Prior to the class, invite a nurse or doctor to the class to identify common adolescent health problems and their causes. Have students write down questions which they would like answered.
ii) describe ways to prevent common adolescent health problems	3. List ways to prevent common adolescent health problems.	Obtain pamphlets and other health information from the nursing station or library. Divide class into small groups. Have each group take one common adolescent health problem and discuss ways to prevent it. Prevention methods should include:

Problem	**Prevention**
mental health problems/ suicide	- talk to a friend/family member - participate in relaxation/leisure time activities - identify personal/community support people
teenage pregnancy	- learn decision-making skills - abstain from sexual activity - learn about birth control
sexually transmitted diseases	- abstain from sexual activity - avoid casual sex - discuss sexual activity with partner - become educated about protection
drug misuse and abuse	- avoid use of alcohol and other drugs - explore alternate activities which prevent boredom - know one's limits
accidents	- learn about safety - practise safe behaviours - avoid potentially dangerous situations

OBJECTIVES | **STUDENT ACTIVITIES** | **TEACHER NOTES**

4. Make a book of Adolescent Health Problems.

nutrition problems (obesity, malnutrition)	- learn about nutrition - avoid junk food - practise nutritious eating habits
environmental problems	- learn about pollution - avoid polluting water, soil and air - encourage others not to pollute
dental problems	- learn about dental care - avoid food, drinks which cause tooth decay

Have each group share with the rest of the class.

Have each group prepare a chapter for the book on the problem they discussed. The chapter should include the problem, ways to prevent it, community support people, drawings, interviews with support people, photographs etc.

Make the chapters into a class reference book.

GROWTH AND DEVELOPMENT

GRADE: 7 **LESSON:** 4 **THEME:** PHYSICAL FITNESS

CONCEPT: PHYSICAL FITNESS IS ESSENTIAL FOR OPTIMAL HEALTH

PREPARATION:
1. Prepare for a short physical fitness activity (for Student Activity 1)
2. Overhead transparencies of Activity Sheets GD64A, 64B
3. Lightweight dumb-bells, heavy barbell or suitable replacements (for Student Activity 4)
4. Prepare a class set of Physical Fitness worksheet (Activity Sheet GD65)

VOCABULARY: physical fitness, components, cardiovascular, endurance

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page GD62 to GD74. The exercises suggested here may be adapted for students with physical disabilities. Since physical fitness is important for the optimal health of ***all*** students, this section of the program must meet individual needs.
i) define physical fitness	1. Participate in a short physical fitness activity.	Have students participate in one of the following short physical fitness activities, e.g., - skipping for 5 minutes - stepping up and down on a bench for 5 minutes (straighten legs fully on step up and step down) - jogging around gym, or on the spot for 5 minutes After the activity ask such questions as: Did everyone keep going for 5 minutes? Why not? Did you slow down after a few minutes? Why? Were all students in the class going at the same speed? Why no

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Define the term 'physical fitness'.	These questions should lead students to say that some students are in better shape than others or that not everyone has the same fitness level.

These questions should lead students to say that some students are in better shape than others or that not everyone has the same fitness level.

Brainstorm with students what they think physical fitness means by having them complete two sentences.

A person who is fit ____________________.
A person who is not fit ____________________.

Encourage them to think of characteristics of well-known athletes and not-so-well-known 'couch potatoes'. Record responses on an experience chart as illustrated. Retain the chart for use with Student Activity 3.

A person who is fit	**A person who is not fit**
- is healthy - looks good - feels good - has lots of energy - can cope with daily tasks/ pressures - is not fat - is strong - does not tire easily	- feels tired - lacks enthusiasm - is flabby - is not strong

Summarize with this definition:

> Physical fitness is the ability of the body to meet the demands of daily living
> or
> If a person is physically fit his/her body can perform necessary, daily tasks without excessive tiredness.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) identify the components of physical fitness	3. Name the components of physical fitness.	Refer to the experience chart developed in Student Activity 2. Select responses from the chart and attach appropriate labels to name the five components of fitness. For example: A person who is fit: - does not get short of breath (cardiovascular fitness) - is strong (muscular strength) - has lots of energy (muscular endurance) - is not fat (body fat percentage) - can touch his/her toes (flexibility) (Only the Health components of physical fitness are addressed.)
	4. Define the components of fitness and give examples of exercises which develop each component.	Refer to Activity Sheets GD64A and 64B. (Teacher Answer Guide GD64B.) Using an overhead transparency of Activity Sheet GD64A define each fitness component and ask students to give examples of exercises which develop each component. Try the following concrete activities with students to help them understand each component of fitness. Some of these activities could be set up in work stations, and students could complete them in small groups. Without being competitive, students should note differences between individuals for each component. a) Cardiovascular Fitness Have students recall differences in performance in Student Activity 1; or show a film about distance running or skiing. b) Muscular Endurance Obtain some light dumb-bells (6 kg. maximum) Ask (a) student(s) to perform as many arm curls as possible. Ho many were done? (It should be a high number, perhaps 50.)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		c) Muscular Strength Obtain a heavy bar-bell (20 kg.) Ask (a) student(s) to perform as many arm curls as possible. How many were done? (It should be a low number, not more than 10. Use a heavier bar-bell if necessary.) (To prevent back strain students should stand with their backs against a wall.) d) Flexibility Bend knees and touch finger tips to floor. ***Slowly, without bouncing,*** straighten knees as much as possible, keeping fingers on floor. Or, sit cross-legged and ***slowly, without bouncing,*** bend forward trying to touch forehead to floor. e) Body Fat Percentage Pinch fat (loose flesh) on back of upper arm, using thumb and index finger. Compare the thickness of fat on students who ***look*** about the same weight.
	5. Complete the Physical Fitness Worksheet.	Refer to Activity Sheet GD65. Have students complete the worksheet by identifying which components of physical fitness are developed in the different activities.

THE COMPONENTS OF PHYSICAL FITNESS

GD64A

COMPONENTS	DEFINITIONS	SPORTS OR ACTIVITIES
a) cardiovascular fitness		
b) muscular endurance		
c) muscular strength		
d) flexibility		
e) body fat percentage		

THE COMPONENTS OF PHYSICAL FITNESS

GD64B

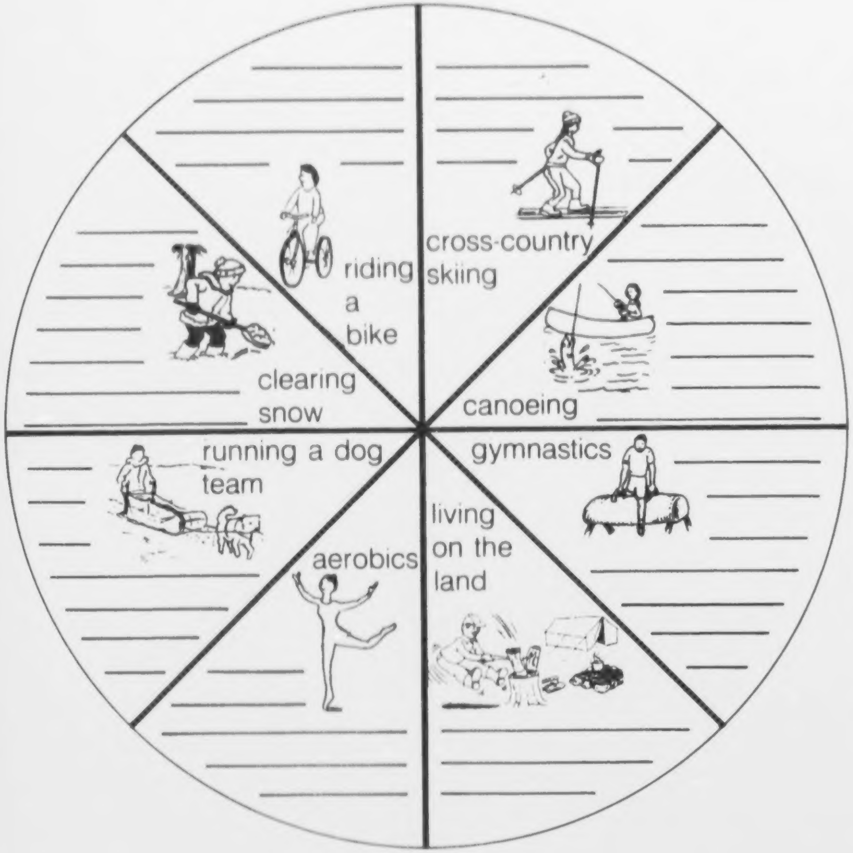
(Teacher Answer Guide)

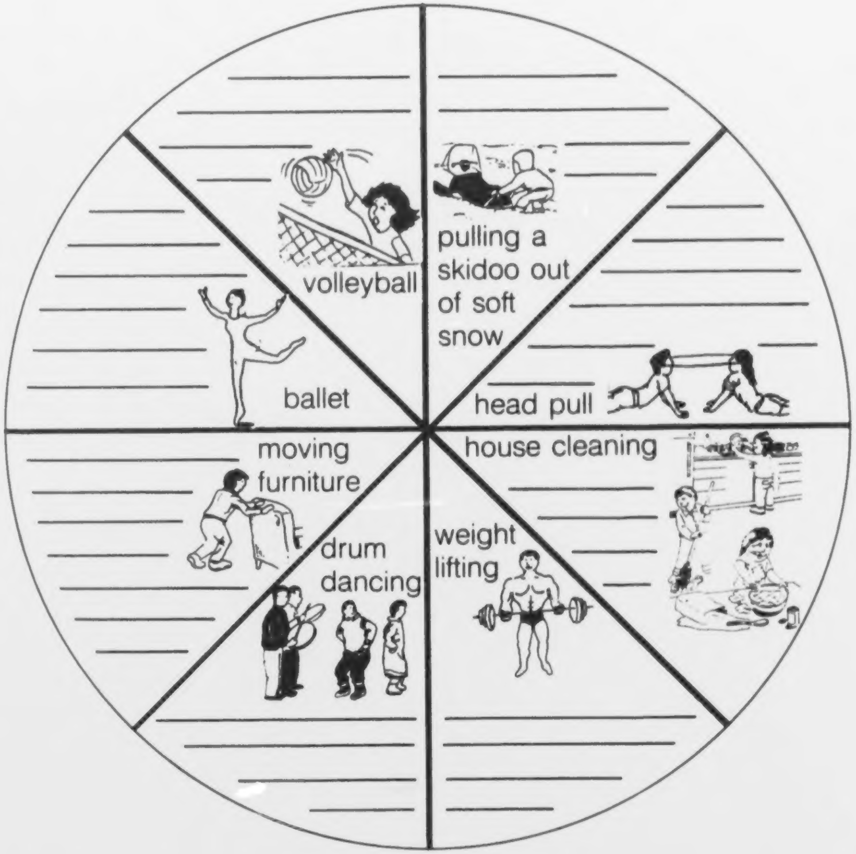
COMPONENTS	DEFINITIONS	SPORTS OR ACTIVITIES
a) cardiovascular fitness	- ability of heart, lungs and blood vessels to supply oxygen to body cells	- bicycling - cross-country skiing - climbing stairs
b) muscular endurance	- ability to perform activity over a long time period without becoming tired	- backpacking/hiking - paddling a canoe - shovelling snow
c) muscular strength	- ability of muscles to put out a great deal of force over a short period of time	- heavy weight training - portaging a canoe - sit-ups
d) flexibility	- ability to move body joints through a wide range of motion	- dancing - gymnastics - putting on boots
e) body fat percentage	- percent of body weight that is fat	- cross-country skiing - swimming - jogging

PHYSICAL FITNESS WORKSHEET

GD65

Identify which components of physical fitness are developed by each activity.


riding a bike
cross-country skiing
canoeing
gymnastics
living on the land
aerobics
running a dog team
clearing snow


volleyball
pulling a skidoo out of soft snow
head pull
house cleaning
weight lifting
drum dancing
moving furniture
ballet

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GROWTH AND DEVELOPMENT

GRADE: 7 **LESSON:** 5 **THEME:** PHYSICAL FITNESS

CONCEPT: PHYSICAL FITNESS IS ESSENTIAL FOR OPTIMAL HEALTH

PREPARATION: 1. Prepare a class set of Community Fitness Surveys (Activity Sheet GD67)

VOCABULARY: benefits

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page GD62 to GD74.
i) describe the benefits of being physically fit	1. Identify the benefits of being physically fit.	This is a review of the chart developed in Lesson 3, Student Activity 2, "A person who is fit ______."
ii) describe ways in which each fitness component can be developed	2. For each fitness component, name games, activities and exercises which can develop the component.	Divide students into small groups. Organize a contest to name as many games, activities, sports and exercises as possible that develop each of the five fitness components. Encourage students to include day-to-day activities in their lists (for example housework, carrying a baby in an amouti, snugli or baby belt, climbing stairs, walking to school). Refer to Activity Sheet GD66 as a possible answer guide.
	3. Survey community members to determine commonly practised ways to improve fitness components.	Refer to Activity Sheet GD67.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Group students in pairs. Have each pair interview at least 10 people in their community and complete a survey sheet for each person interviewed. (Names should be confidential.) (Before sending students into the community ensure that they know how to introduce the survey by explaining its purpose to those being interviewed.) Compile survey results to determine: · average number of minutes of exercise · most common (popular) activities · least common activities · whether all components of fitness are addressed equally (Usually flexibility and strength are the least developed areas.) Display the results in public areas in the community.

FITNESS RATING OF COMMON ACTIVITIES

GD66

	Builds cardiovascular fitness	Builds muscle strength	Builds muscle endurance	Builds flexibility
Backpacking	Good	Good	Excellent	Fair
Badminton	Good	Poor	Fair	Fair
Basketball	Excellent	Poor	Good	Poor
Bicycling	Excellent	Fair	Good	Poor
Bowling	Poor	Poor	Poor	Poor
Ballet Dancing	Good	Good	Good	Excellent
Disco Dancing	Good	Poor	Fair	Fair
Social Dancing	Fair	Poor	Poor	Poor
Gymnastics	Fair	Excellent	Excellent	Excellent
Hiking	Good	Fair	Excellent	Fair
Jogging	Excellent	Poor	Poor	Poor
Mountain Climbing	Good	Good	Good	Poor
Rope Jumping	Excellent	Poor	Poor	Poor

	Builds cardiovascular fitness	Builds muscle strength	Builds muscle endurance	Builds flexibility
Skating	Good	Poor	Good	Fair
Cross-Country Skiing	Excellent	Fair	Excellent	Fair
Softball	Poor	Poor	Poor	Poor
Swimming	Excellent	Fair	Excellent	Fair
Tennis/Racquetball	Good	Poor	Fair	Poor
Volleyball	Fair	Fair	Poor	Poor
Walking	Good	Poor	Fair	Poor
Carrying groceries	Fair	Good	Fair	Poor
Packing a baby	Fair	Good	Fair	Poor
Doing exercises	Fair	Good	Fair	Excellent
Climbing stairs	Excellent	Fair	Poor	Poor
Doing housework	Fair	Fair	Poor	Fair
Chopping firewood	Good	Fair	Fair	Poor
Shovelling snow	Good	Good	Good	Poor
Lifting weights	Poor	Excellent	Poor	Poor

Activities which are good for cardiovascular fitness and muscular endurance tend to reduce body fat on the muscles being worked.

COMMUNITY FITNESS SURVEY

GD67

Have you already been interviewed? Yes ____________ No ____________

Do you........?	**No**	**Yes**	**How many times/week?**	**How long each time?**	**Total minutes for this activity**
carry groceries					
pack a baby					
play an endurance sport (e.g., hockey, volleyball)					
do exercises					
walk to school/work					
climb stairs					
do housework					
chop firewood					
shovel snow					
cross-country ski					
jog					
bicycle					
lift weights					
dance (socially)					

GD67

Add your own community activities.	No	Yes	How many times/week?	How long each time?	Total minutes for this activity
Sports					
1) ______________ ______________					
2) ______________ ______________					
3) ______________ ______________					
Fitness/Dance Classes					
1) ______________ ______________					
2) ______________ ______________					
3) ______________ ______________					

GROWTH AND DEVELOPMENT

GRADE: 7 **LESSON:** 6 **THEME:** PHYSICAL FITNESS

CONCEPT: PHYSICAL FITNESS IS ESSENTIAL FOR OPTIMAL HEALTH

PREPARATION:

1. Prepare a class set of Personal Fitness Record (Activity Sheet GD68)
2. Materials for fitness tests (Student Activities 2 to 6) 30 cm. high chairs/benches, metronome, protractors, rulers, clock with second hand, gym mats, gym benches (or 20 cm. high step)
3. Pretaped fitness program (Student Activity 10) - optional

VOCABULARY:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) asses their personal physical fitness levels	Students: 1. Locate and measure the pulse accurately.	Background Information: Page GD62 to GD74. To take the pulse in the neck: - raise chin slightly - press tips of two first fingers gently into soft flesh beside windpipe and just below chin - count for 15 seconds and multiply by 4 To take the pulse in the wrist: - press tips of first three fingers* into groove on wrist directly in line with the thumb and a few centimeters below the base of the thumb - count for 15 seconds and multiply by 4 * Do not use the thumb. It has its own pulse and could interfere with locating the pulse in the wrist.

OBJECTIVES

STUDENT ACTIVITIES

2. Measure the cardiovascular fitness component.

TEACHER NOTES

Refer to Activity Sheet GD68.

A person with good cardiovascular fitness has a:

- low resting heart rate
- smaller increase in heart rate when exercising (than a person with poor cardiovascular fitness doing the same amount of exercise)
- fast recovery (or return to resting heart rate after exercise)

The Test:

Students work with a partner and record results on Activity Sheet GD68.

a) Have your partner take your resting pulse and record it.

b) Using a chair or bench about 30 cm. high, step up with one foot, fully straightening the leg. Then step up with the other, fully straightening the leg.

c) Step down with the first foot, fully straightening the leg, then down with the other foot, fully straightening the leg.

d) Continue this stepping (up, up, down, down) for 3 minutes at the rate of 2 complete step ups and downs every 5 seconds. (Use a metronome or hand clap to pace students.)

e) After 3 minutes of stepping have your partner take your pulse immediately and record it.

f) Wait one minute and have your partner take your pulse again and record it.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Measure the flexibility component.	Babies are very flexible (as evidenced by their ability to put their feet in their mouths) but as people grow older they tend to lose the flexibility through - lack of practice - development of muscles (i.e., becoming literally muscle bound) Flexibility can be improved but it is the slowest, most difficult component of fitness to (re)develop. **The Test:** Students work with a partner and record results on Activity Sheet GD68. 1. Rear Thigh a) One student stands with feet together, bends knees and puts knuckles on floor directly in front of toes. b) The student slowly, without bouncing, straightens knees as much as possible. c) Using a protractor the partner measures the angle behind the knees, and records it. 2. Side Bend a) In a standing position one student bends slowly sideways reaching finger tips of right hand as far down the right leg as possible. b) Using a ruler, the partner measures the number of centimetres from the knee to the finger tips, and records it. c) Repeat test using the left hand and record results.

OBJECTIVES

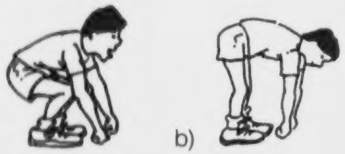
STUDENT ACTIVITIES

TEACHER NOTES

Rear Thigh

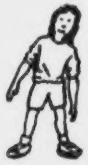
a)

b)



Side Bend

a)



measure this angle

4. Measure the muscular endurance component.

Muscular endurance is the ability of a muscle to repeat the same movement many, many times. Paddling a canoe for example, requires certain muscles to perform the same movement over and over. Activities which require muscle endurance do not require a great deal of strength. Muscular endurance activities firm and tone muscles. They do not develop bulk.

The Test:

Students work with a partner and record results on Activity Sheet GD68.

1. Back of Arm (Dips)

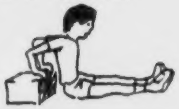
   a) One student sits straight legged in front of a gym bench or step - between 20 and 30 cm. high.

   b) The hands are placed on the bench (elbows bent) just wide of the hips.

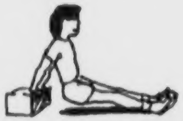
   c) The arms are fully straightened, lifting buttocks off floor, and then bent, returning buttocks to floor - knees are straight throughout.

   d) Repeat for 30 seconds. The partner counts the number of dips completed and records.

a) + b)



c)



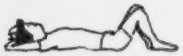
OBJECTIVES | **STUDENT ACTIVITIES** | **TEACHER NOTES**

2. Abdomen (Sit-ups)

a) One student lies on his/her back on a gym mat, knees bent, hands under head.

b) The student sits up by curling up, head first, then shoulders, then back, keeping knees bent throughout. S/he lies down, reversing the procedure.

c) Repeat for 30 seconds. The partner counts the number of sit-ups completed and records.

a)


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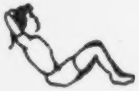
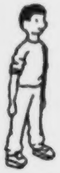


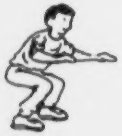
3. Front Thigh (Knee bends)

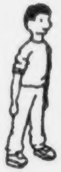
a) One student stands with feet shoulder width apart, and parallel to each other.

b) The knees are bent until the upper thigh is parallel to the floor and then straightened. (The arms can be swung forward on the knee bend to act as a counter-balance.)

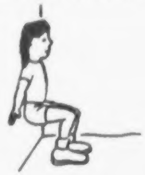
c) Repeat for 30 seconds. The partner counts the number of knee bends completed and records.







OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	5. Estimate body fat.	The percentage of body weight accounted for by fat should be about 13% for men and 18% for women. A person who gets very little exercise can be overfat without being overweight. A person with very low fat percentage will weigh more than someone who ***looks*** the same weight (but who has more fat) because muscle is denser than fat. **The Test:** Students work with a partner and record results on Activity Sheet GD68. a) Have your partner pinch a fold of flesh between the thumb and index finger in three locations. · back of upper arm · abdomen to one side of the navel · half way up the back of one thigh b) The partner measures the thickness of each fold with a ruler and records. (Generally speaking a pinched fold of flesh should be less than 2.5 cm. thick.)
	6. Measure the muscular strength component.	Muscular strength is the ability of a muscle to exert its maximum force very few times. Someone training for muscle strength will lift the maximum weight only 2 or 3 times. Excessive weight training causes muscles to develop bulk. While the average person needs moderate muscular strength few people want or need to develop maximum strength. **The Test:** Students work with a partner and record results on Activity Sheet GD68. 1. Front Thigh (Wall Sit) a) One student stands with back against a wall, and then slides down to a sitting position, i.e., hips at 90° and knees at 90°.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		b) The partner times the number of seconds the student can hold this position without slipping, and records. 
ii) describe the structure of a well-planned physical fitness program		Some of this material may be too in-depth for the students in your class. It is important for students to understand enough about a well-planned fitness program to know why they are doing certain things when they actually participate in a fitness program (objective iii).
	7. Explain how a well-planned fitness program should be structured.	A well-planned fitness program follows the F.I.T. principle. F = Frequency: Workout 3 times a week. I = Intensity: Get your heart rate into the target zone.* T = Time: Keep it there for 15-20 minutes. * See Student Activity 8.
	8. Calculate their target heart rate zone	The upper limit of an individual's heart rate zone is: 200 minus the person's age The lower limit is 170 minus the person's age Therefore a 13 year old's target rate zone is between 157 and 187 beats per minute. According to the F.I.T. principle a 13 year old needs to exercise vigorously enough to get his/her heart rate into the target zone and keep it there for 15-20 minutes, three times a week.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	9. Identify the components of a well-planned workout.	A workout is one session and needs to be repeated three times a week in order to constitute a well-planned fitness program. A workout consists of: Warm up (10 min.) - walking, stretching and other light exercise to prepare the body for more strenuous activities to follow. Aerobics (15-20 min.) - exercises such as skipping, jogging, or others which push the heart rate into the target zone, thus developing the cardiovascular component of fitness. Calisthenics (10 min.) - exercises to develop muscular endurance of specific muscle groups (e.g., arms, abdomen). Cool down (5-10 min.) - stretching and relaxation exercises to improve flexibility and prevent muscle stiffness.
iii) participate in a well-planned fitness program	10. Participate in a well-planned fitness program for at least one month.	There are two practical ways for the classroom teacher who is not specially trained in physical fitness to help students meet this objective. a) Ask your local fitness leader to develop an exercise program for your class, or b) Use a pre-packaged program (e.g., Jane Fonda) Whichever route is chosen the class should: - workout three times per week; - be able to identify the warm up, aerobic, calisthenic and cool down portions of the workout; - take their pulse after the aerobic portion of the workout. (If pulse is above the target zone ease off, if below work harder.)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		If your local fitness leader is developing a program specifically for your class, show him/her the results of the fitness tests recorded on Activity Sheet GD68. S/he can then develop a program based on group strengths and weaknesses.
		It is important that the teacher participate in the fitness program too!
	11. Measure personal fitness improvement.	After one month of working out three times per week repeat the tests outlined in Student Activities 2 to 6. Record the new results on Activity Sheet GD68 and note improvements.

PERSONAL FITNESS RECORD

GD68

Name:____________________ Date of Initial Test:____________________ Date of Retest:____________________

Cardiovascular Fitness

Heart Rate (per minute)	**Initial Test**	**After 1 month of exercise**
Resting		
After 3 minutes of step ups		
After 1 minute recovery		

Flexibility

	Initial Test	**After 1 month of exercise**
Rear Thigh angle behind knee		
Side cm. below knee (R)		
cm. below knee (L)		

Muscular Endurance

Number done in 30 seconds	**Initial Test**	**After 1 month of exercise**
Dips		
Sit-ups		
Knee Bends		

Body Fat

Thickness of folded flesh	**Initial Test**	**After 1 month of exercise**
Arm		
Abdomen		
Rear Thigh		

Muscular Strength

	Initial Test	**After 1 month of exercise**
Number of seconds wall sit held		

GRADE 7

TEACHER BACKGROUND INFORMATION

GROWTH AND DEVELOPMENT

THE SKIN

The skin (or integumentary system) is the body's largest organ. It is made up of two main layers - the epidermis (or outer layer) and the dermis (or inner layer). Under the dermis is a layer of blood vessels and fat cells. This is sometimes referred to as the subcutaneous or deep layer.

Epidermis

The epidermis consists of dry dead cells which are removed when the skin is rubbed or scratched. They are replaced by living cells which are produced in the inner layer of the epidermis. The epidermis contains the hair tips, the pores (which release perspiration), the pigment that gives the colour to the skin, the dead and living cells.

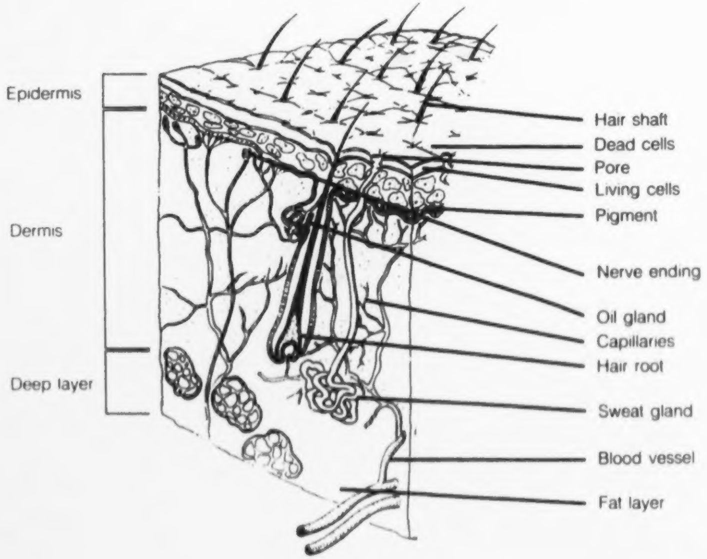
Dermis

The dermis is thicker than the epidermis. It contains sweat glands, oil glands, hair roots (or follicles), nerve endings and capillaries.

Skin is important for the following reasons:

- it protects muscles, bones and internal organs and helps prevent disease;
- it regulates temperature;
- it receives sensations from the environment (heat, cold, pressure and pain);
- it prevents water from either entering or leaving the body;
- it gives people their colour.

A CROSS SECTION OF THE SKIN


Epidermis
Dermis
Deep layer
Hair shaft
Dead cells
Pore
Living cells
Pigment
Nerve ending
Oil gland
Capillaries
Hair root
Sweat gland
Blood vessel
Fat layer

PROBLEM CONDITIONS OF THE SKIN

Problem	Cause	Brief Description
acne	- contributing factors include: heredity, hormones, diet, cleanliness, general health	- most common disorder to affect the adolescent - the oil glands in the skin become clogged and inflamed, causing blackheads and pimples - may lead to permanent cysts and scars if not treated properly - if severe, medical attention is required
allergies	- altered reaction to environment, drugs or emotions	- leads to itching, lesions, eczema - medical attention is often required - treatment includes: avoidance of allergy producing stimuli and medical attention
athlete's foot	- fungus	- red, scaly cracks between the toes - can be prevented by complete drying of skin between the toes after bathing and swimming
boils	- bacteria	- bacteria enters skin through a lesion - body fights infection with antibodies that collect at the site - the skin must be kept clean and healthy
burns	- contact with hot objects, liquids, vapours, electricity or some chemicals	- divided into 3 categories: 1. first degree burns - injury occurs to epidermis, leaving scars 2. second degree burns - injury occurs to epidermis and dermis 3. third degree burns - injury occurs to all 3 skin layers and tissue below - injury usually requires grafting in order to heal - infection and water loss are problems - new technology and artificial skin aid in healing - treatment of severe burns requires medical attention - first aid treatment: - do not apply creams - put burned area in cool water to lessen tissue damage and pain - seek medical attention
cold sores	- virus (herpes simplex)	- enters the skin and waits for fever or cold to stimulate it - makes watery blisters around the nose and mouth

Problem	Cause	Brief Description
eczema	- allergic reaction	- dry, scaling, cracked, or moist and oozing skin in localized areas - extreme itching may lead to secondary infections if not treated - treatment includes avoidance of allergy producing stimuli and medical treatments
frostbite	- exposure to cold	- crystals form either near the surface of the skin or in underlying soft tissues or fluids. The nose, cheeks, ears, digits are the most commonly affected areas. There are three degrees of frost bite: 1. first degree - the skin becomes white, then reddens with itching and tingling; feeling is lost 2. second degree - the skin becomes purple and blisters 3. third degree - gangrene or tissue death may result from prolonged exposure - treatment of severe frostbite requires medical attention - first-aid treatment: - do not rub as tissue damage may occur - apply gentle, firm pressure with a warm hand or place affected part near a warm area of the body - keep clean and dry
impetigo	- bacteria	- pus-filled lesions that rupture and form a yellow crust - usually starts around mouth and nose - treatment includes careful removal of crusts and treatment with antibiotics - diagnosis and treatment by a doctor or nurse is necessary for control and prevention
lice	- insect	- infests hair and hairy parts of body - bites through skin and feeds on blood - visible oval eggs are attached to the base of the hair shaft mainly behind the ear and at the nape of the neck - symptoms include: - intense itching of scalp especially at night - visible eggs (nits) - treatment includes: - consultation with doctor or nurse - combing out nits - use of medicated shampoo - washing clothing, bedding and towels that have been used in the last 2 weeks in very hot water

GD59

Problem	Cause	Brief Description
		- prevention includes: - treating infestation promptly - notifying anyone who has been in close contact in the past 2 weeks - not sharing combs, brushes, clothing, bedding
ringworm	- fungus	- red ring-shaped patches - diagnosis and treatment by doctor is necessary for control and prevention
scabies	- insect (mite)	- adult female mite burrows in the epidermis to deposit eggs - intense itching especially at night one month after infestation - red rash - treatment includes: - consultation with nurse or doctor - medicated lotion - thorough cleaning of body, clothing, bedding and towels - prevention includes: (same as lice)
skin cancer	- exposure to ultraviolet radiation of sun; scars following burns, ulcerations may lead to cancer	- uncontrolled growth of cells that invade healthy tissues of the skin - if identified early, skin cancer can be cured - prevention includes: - avoiding too much sun exposure; using sunscreen - seeking medical attention for moles or lumps that enlarge or bleed
sunburn	- exposure to ultraviolet rays of sun	- varying degrees of redness develops within 2-12 hours after exposure - may lead to skin damage - certain drugs may increase sensitivity of skin to sunlight e.g., some sulfa derivatives and antibiotics - prevention includes: - using sunscreen according to skin colour
warts	- virus	- rough, raised outgrowths occurring singularly or in groups - usually a spontaneous cure within months or years - if persistent or painful, medical attention is required

WAYS TO CARE FOR THE SKIN

Positive health habits related to the skin include:

- keeping the skin clean; washing it at least once a day with soap and water and rinsing thoroughly;
- drying skin thoroughly with a soft towel;
- not picking or scratching skin blemishes; using warm compresses for pimple care;
- using little or no make-up;
- not sharing make-up (especially eye make-up), combs, brushes, etc.;
- using sunscreen to prevent sunburn;
- protecting skin from frostbite by covering it;
- eating balanced meals;
- avoiding smoking (which causes premature wrinkles);
- avoiding contact with hot objects, liquids, etc.

FITNESS

Physical fitness can be defined as the capability of the heart, lungs, blood vessels and muscles to function at optimal efficiency. This refers to the condition of the body needed to meet the demands of daily living, both for work and recreation. A person should be able to undertake his/her daily tasks without undue tiredness. Health components of fitness include:

- cardiovascular fitness
- muscular endurance
- muscular strength
- flexibility
- body fat percentage

Factors such as speed, balance, agility, power and co-ordination are motor ability components which contribute to the efficiency of movement during skill performance. While development of all these components is important for total fitness, the N.W.T. School Health Program focuses on the health components of physical fitness leaving skill development to be addressed as part of the Physical Education program.

Cardiovascular fitness, the most essential fitness component, refers to the body's ability to continue in strenuous tasks for long periods of time.

A person's life depends on the capacity of the heart, blood vessels and lungs to deliver oxygen and nutrients to body tissues and to remove waste products. Cardiovascular exercise makes the heart and lungs work harder in order to supply the working muscles with oxygen. This kind of activity is often called **aerobics**, which simply means "requiring oxygen". Examples of aerobic activities include swimming, jogging, racquet sports, cross-country skiing and cycling (those exercises which involve large muscle groups). For aerobic exercise to be of value to the cardiovascular system, moderate to strenuous activity should be sustained for at least 20 minutes on a regular basis of 3 times per week. (This is the F.I.T. principle described in Lesson 6, Student Activity 7.) Strenuous activities are those exercises which involve large muscle groups such as arms, legs and torso and raise the resting heart rate to ***about*** 150 beats per minute. (See Lesson 6, Student Activity 8.)

Muscular strength is the force that a muscle can exert against a resistance in ***one*** maximal effort. Strength is necessary for good posture, many daily work tasks and recreational activities. For example, muscular strength is required to swing a tennis racquet, lift a box of books or throw a ball. Strength is developed by ***isometric*** and ***isotonic*** kinds of exercise. In ***isometric*** exercise, muscle groups work against each other or against an object that cannot be moved. For example, pressing the palms of the hands together and holding the contraction is an isometric exercise for arm strength. ***Isotonic*** exercise refers to the contraction of muscles against a moving resistance. Calisthenics and weight lifting involve isotonic contractions; muscles contract and relax. The dynamic movement of isotonics is considered more beneficial in developing strength because the muscles move through a full range of motion. The development of strength results from an increase in the thickness of muscle fibres, rather than from an increase in the number of fibres. This increase in fibre thickness is called hypertrophy and occurs when the muscle is progressively overloaded. The overload principle means that a muscle works against a greater-than-normal resistance. As strength improves, the amount of resistance can be increased.

True muscular strength training involves using the maximum weight or resistance possible so that an exercise can only be repeated two or three times - i.e., lifting a very heavy weight. As strength improves, the resistance is increased but the number of repetitions of the exercise remains very low.

While "the average person" needs to develop some muscular strength, muscular endurance is generally the focus.

Muscular endurance is the ability of a muscle to work continually over a period of time. It is required in everyday activities such as shovelling snow, climbing stairs and washing windows. Backpacking, jogging and rope jumping all require muscular endurance. Exercises such as sit-ups, push-ups, chin-ups and weight-training performed using the overload principle will develop muscular endurance.

Training for muscular endurance involves selecting a weight or resistance such that a given exercise can be repeated about twenty times before the muscle becomes tired. As fitness improves, either the weight, the number of repetitions, or both can be increased. It is this type of muscular fitness training which most people choose/need to develop. While strength does improve, the focus is on endurance which tones the muscle and reduces fat, but does not add muscle bulk.

Flexibility is the ability of the joints and muscles to move through a full range of motion. The degree of elasticity in muscles and ligaments differs among people and also between joints in the body. Maintaining good flexibility is important to prevent muscle injury and soreness, as well as to enable ease of movement in many activities. Slow, controlled stretching of muscles, as is found in Yoga, is the best method of improving flexibility. It is also important prior to other activities because it warms the muscles and increases the blood supply.

Body fat percentage refers to the percentage of a person's total body weight which is represented by fat. In women, this should be about 18%, while in men, it should be about 13%. It is possible to be overfat without being overweight. A person who gets insufficient exercise will not necessarily be overweight (according to the scales) but may well carry excess fat deposited on top of the unused muscles. Regular exercise which increases blood circulation to working muscles will "burn off" some of the fat. While this rarely translates into a weight loss, since muscles are developing while fat is diminishing, it will mean a person looks slimmer and is less prone to fatigue.

In general, a person should be concerned about his or her appearance when looking in the mirror, and about body fat percentage, not about weight per se.

Aerobic exercises and muscular endurance exercises (i.e., those activities requiring a muscle group to perform the same exercise many, many times) are effective in reducing the amount of fat deposited on top of the muscles being worked.

A balanced fitness program does not necessarily mean a fitness class or "gym-style" workout. However, it does mean addressing all five components of fitness, paying particular attention to cardiovascular fitness, and to personal weaknesses and needs. Playing a sport rarely, if ever, addresses all components. (Tennis only uses one arm! Volleyball does not provide enough continuous aerobic exercise, etc., etc.) This is not to imply that playing tennis or volleyball are not good forms of exercise or a good way to improve physical fitness. They are excellent as long as they are supplemented with appropriate other activities.

Many people are not expert enough to know if their preferred sports and activities constitute a balanced fitness program, or disciplined enough to work out on their own. For this reason, physical fitness classes are a popular and safe way to improve physical fitness.

It is important to note that many exercises address more than one component of fitness. Jogging for example would increase cardiovascular fitness, muscular endurance in the legs, especially calf and thigh muscles, and reduce fat deposits on those same muscles. A fitness class, or individual program designed by a qualified instructor, would ensure a balanced fitness program designed to meet the needs and interests of its participants.

The benefits of fitness to health are many:

- better resistance to illness, stress and tension;
- more energy, less chronic fatigue;
- better weight control;
- increased metabolism or burning up of calories;
- better digestion;
- stronger muscles, better posture;
- reduced risk of coronary heart disease;
- increased capacity of the blood to carry oxygen;
- increased capacity of the lungs to take oxygen.

The increased lung capacity causes a stronger pumping action of the heart and lowers the resting heart rate, thus decreasing blood pressure.

Source: Harvey, D. and White, D. (ed.), "Body Systems and Physical Fitness", Health Education Methods Project for Elementary School Teachers, and Barbara Hall, B.P.H.E., Department of Education, GNWT, Yellowknife

GD63

PHYSIOLOGY OF EXERCISE

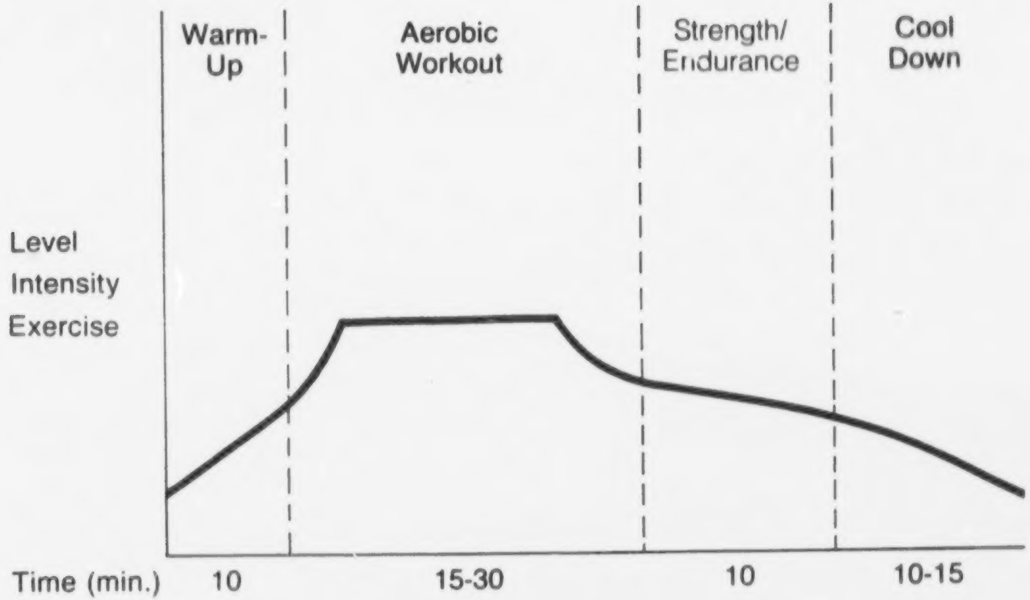
General Rules for Fitness Prescription

- Begin gradually. Too much too soon can cause sore muscles.
- Do not overdo. The level of intensity should depend on the individual's goals (fun vs. conditioning vs. competition). Too high an intensity too soon is not desirable. The end product, fatigue, increases the participant's chances of incurring an injury.
- Exercises should be performed at a pace which allows correct execution. Variation in the form could alter or reduce the effectiveness of the exercise.
- For execution of exercises, use muscle force instead of momentum. For example, standing leg lifts should be performed by lifting and lowering the leg not by swinging it.
- Exercises should be performed through a full range of motion.
- Consideration must be given to any existing musculo-skeletal problems. Any exercises that may potentially aggravate the situation should be avoided. Alternatives should be provided.
- The activity program should be appropriate to the individual's training goals and lifestyle. It must provide some positive reinforcement or it will be discontinued.
- Everyone has a limit. In terms of physical abilities, each person has a ceiling on their optimal performance. This factor exerts a greater influence on those in an intensive training program.
- Frequency of training workouts should be a minimum of 3 times a week and a maximum of 5 times a week. Some activities may be engaged in more frequently. However, intensity and fitness base will serve as a guideline.
- Do not work through pain. Exercise will involve a certain amount of fatigue and may produce some discomfort, but should not produce pain. If that is the case, the program content, intensity, and duration should be reviewed.

- A proper program progression moves from the least intense to the most intense back to the least intense components.
- How the individual feels and the heart rate response serve as guidelines for the intensity. Initially the participants should be monitored closely until they are confident of their workout.
- All programs should start with a warm-up that relates to the workout activity. A general conditioning program should begin with gross motor activity, stretching exercises, then light aerobics. Total time should be a minimum of 10 minutes (more on this in the next section).
- The workout of a general conditioning program should consist of a minimum of 20 minutes of aerobics plus muscular strength and endurance work.
- Beginners should start their aerobic work at a low intensity and minimum duration. Once adaptation occurs, overload can be reapplied, preferably one variable at a time.
- A short cool down of light aerobic work should always follow the strenuous aerobic work.
- Cool down should be a minimum of 10 minutes, time dependent upon intensity of exercise and fitness level of the participants.

Proper application of the principles outlined is necessary to guarantee safety as well as improvements.

The Basic Activity Sessions



A) The Warm-Up

Safety begins with the content of the actual exercise class. The initial phase, the warm-up, prepares the body for the more strenuous activity to follow. With regards to safety, a proper warm-up may:

- prevent injury to the muscle
- reduce the risk of subsequent muscle soreness
- help prevent cardiovascular problems in a cardiac "at-risk" population

The purpose of the warm-up is to prepare the body physiologically for the more strenuous activity which is to follow. It has been shown to stimulate hormones, increase core temperatures and activate muscle energy stores (Berger, 1982). Combined, these reactions facilitate an easy transition into the workout. Although some research shows no significant improvement in performance, most would agree that a warm-up is beneficial. In a coronary prone population and for those engaging in explosive events, this phase is crucial.

Since the warm-up is a preparatory phase, it should relate to the main task. For example, the baseball pitcher, throwing warm-up pitches, is obviously selecting a different warm-up from the skating drills used by hockey players.

For a conditioning program, a general warm-up should start with gross motor activities (for example, walking, side-stepping, arm circles). Basic gross motor activities produce a slight rise in internal tissue temperature which enhances the flexibility component. The warm-up should then move into static stretching (no bouncing), then into a lower intensity version of the workout. By gradually increasing the intensity, the body systems have time to adjust to the heavier demands.

The energy production causes a rise in body and muscle tissue temperature which in turn increases:

(a) "Enzyme activity - This will affect the metabolic reactions associated with the energy systems.

(b) Blood flow and oxygen availability - The implication of this is improved energy production.

(c) Contraction and reflex time - Improved efficiency of muscular movements affects the quality of performance." (Mathews & Fox, 1976, p. 245)

The intensity and duration of each component in the warm-up will depend upon the fitness level of the group and the rigors of the workout. Time spent on stretching exercises will depend upon group characteristics:

Class needs - For example, if a participant has a lower back problem or is very inflexible, more time may be spent on the significant muscle groups.

Class interests - The minimal total time of a warm-up is 10-15 minutes (Pollock, 1978). However, if the group enjoys this aspect of the workout, and there is time available, the duration may be increased without compromising the workout.

Program design - The purpose of the training program will influence the composition of the flexibility component. A gymnast or volleyball player will require a greater emphasis on stretching than a baseball player or a jogger.

Stretching exercises should follow a logical sequence for example, head to toe; toe to head. A systematic approach guarantees that all major muscle groups are involved and improves the participants' recall of the pattern.

Although a pulse check will determine an adequate warm-up, reference to how the individual feels can serve as another guideline. This encourages the participant to draw a parallel from how they feel to the physiological heart rate response.

B) The Workout

With adequate warm-up, an individual should experience a gradual increase in heart rate, easing into the target heart range. Precautionary pulse checks can be made during the workout to guard against too high or too low an intensity. Once the person has developed a regular routine and is familiar with his/her 'moderately hard' pace, the number of heart rate checks may be reduced.

Beginners should start at the low end of the range and workout for the minimum amount of time. Once adaptation has occurred, overload may be applied by increasing the intensity or duration. Increasing both variables at once should be done with caution as it might create too much physical stress for the novice.

A minimum of 20 minutes of the workout should be devoted to the aerobics component in the target heart rate zone (American College of Sports Medicine, 1978) (refer to Exercise Intensity Guide). Following the 'moderately-hard' intensity aerobic workout, a light aerobic cool down is necessary before starting muscular endurance activities; for example, a slow jog to a walk, swinging the arms to increase circulation to all body parts. This will ensure a lower intensity level and discourage light-headedness or dizziness.

Muscular strength and endurance exercises should include all major muscle groups. Time should be allocated, allowing proper time for the other portions of the session. (Refer to muscular strength and muscular endurance - Components of Fitness prescription).

C) The Cool Down

Just as the heart rate had been gradually increased during the warm-up, it should be gradually reduced during the cool down. The objective is to make the transition from the high intensity activity gradually down to the least intensive activity (e.g., running to jogging to walking) by employing lighter forms of the aerobic or gross motor activities. Failure to do so could result in blood pooling in the active muscles. This could lead to muscle stiffness, thought to be caused by increased levels of lactic acid and can lead to dizziness, possibly due to reduced venous return.

The cool down is the optimum time to improve flexibility. Research supports low intensity stretching at elevated internal temperatures for permanent lengthening of the connective tissue (Sapega et al, 1981). Stretching should be done for all major muscle groups. If time is limited, emphasis should be placed on the principal muscle groups involved in the workout.

A cool down becomes the body's opportunity to relax from its active exercise state. Waste products resulting from metabolism must be removed. The massaging action of the muscles during exercise improves this removal of wastes from the area and augments venous return. Failure to cool down disrupts the massaging action and causes pooling of blood in the formerly active muscles. These factors provoke subsequent muscle soreness and may contribute to dizziness.

Do's and Don'ts of Exercise

- **Do not bounce when stretching**

  A sudden force applied to a muscle invokes a stretch reflex within the contracting muscle. Therefore, bouncing, which induces this response, applies a force against a muscle trying to contract. The outcome can range from muscle soreness to serious muscle injuries.

- **Do not exercise if you feel ill**

  The illness could elicit additional fatigue, which increases the risk of injury. Others may be susceptible and also become ill. Take the time off to properly recover.

- **Do not exercise immediately following a meal**

  Allow at least 2-3 hours for digestion before getting actively involved. Food such as fat and meat are slow to digest needing about 3-4 hours. On the other hand, carbohydrates may be eaten up to 2 hours prior to the activity. Eating too soon before exercise could detract from performance and cause muscle cramps.

  * For persons with diabetes, exercising just after a meal (½ to 1 hour) helps to control the rise in blood sugar which normally occurs at that time and reduces the possibility of low blood sugar.

- **Do not continue to exercise if there is pain**

  Although it is not easy to differentiate, discomfort as a result of exercise is not the same as pain. Pain should be a signal to stop or change the exercises.

- **Do not try to make up for lost time**

  Participants need to realize that if they are away from a program, they should ease themselves back into the routine, rather than continuing from where they had left off.

- **Do not chew gum or eat hard candies during a workout or game**

  This could cause choking.

- **Do not bend over immediately after cardiovascular exercise**

  Bending over immediately after jogging may cause you to pass out.

- **Do work at your own pace, try not to compete with others**

  Guidelines have been provided to encourage a safe and enjoyable program. Trying to outdo the next person contradicts the rationale behind the guidelines.

- **Do get involved in exercises that are FUN!**

Potentially Harmful Exercises and Alternatives

From one point of view, there is no such thing as a safe exercise. However, a well-trained body can do most movements with limited risk of harm.

The reality of fitness classes involves participants who have a wide variety of skills, abilities, histories and experiences with physical activity - and most people are aware that certain movements or exercises can cause them potential harm.

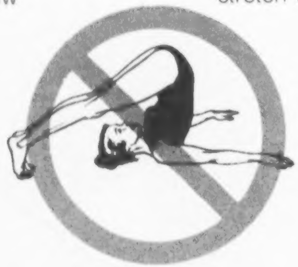
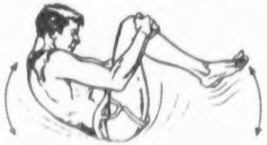
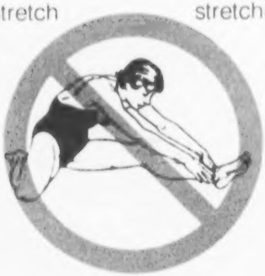
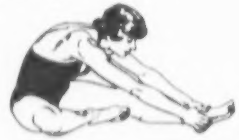
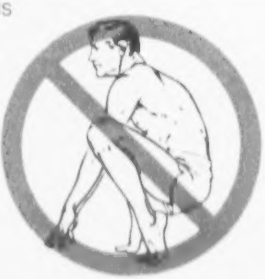
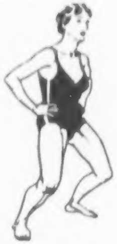
When leaders think of exercise precautions, they usually think about not doing specific exercises such as straight leg situps or double leg raises.

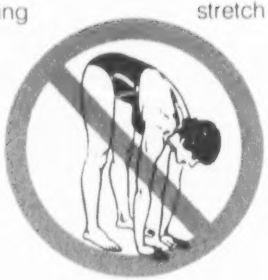
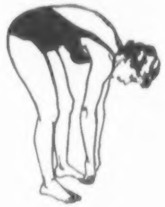
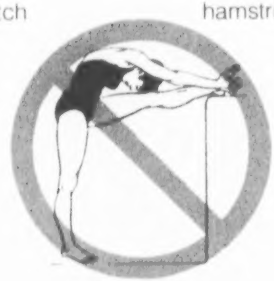
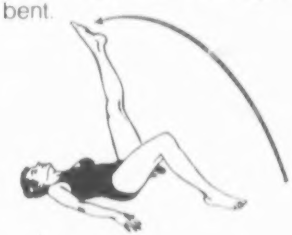
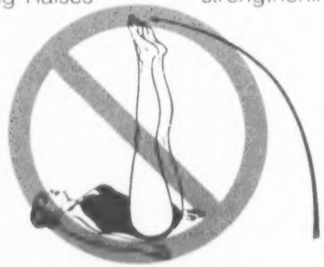
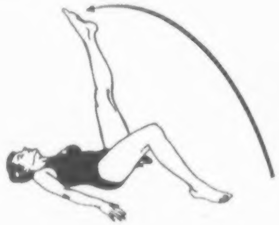
In addition to knowing what exercises to avoid, it is also important to have a strong theoretical understanding of how to design a class that adapts the various components to suit a specific group or individual. Another dimension of exercise precautions involves leaders ensuring that the exercise environment, whether land or water, is a safe and enjoyable place to use. This means checking for slivers in wooden surfaces, holes in floors, inappropriate air and water temperature. A preventive attitude towards program design and the exercise environment can prevent a great deal of potential discomfort!

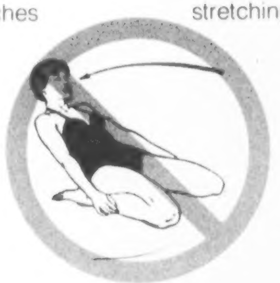
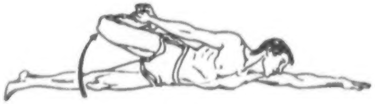
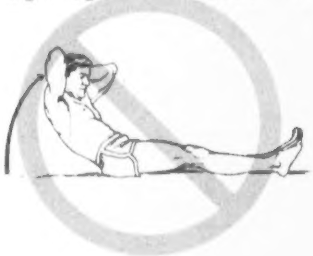
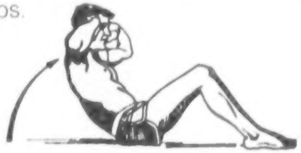
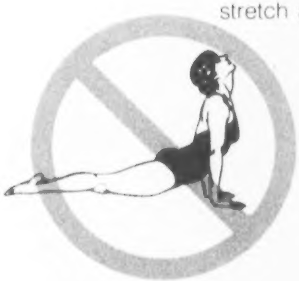
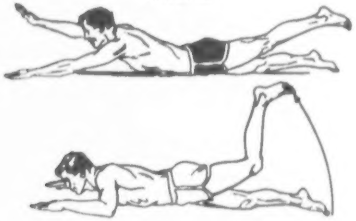
"I get a real sharp pain when I do this."

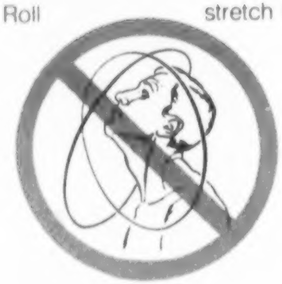
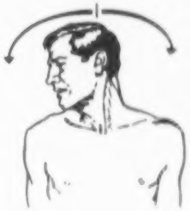
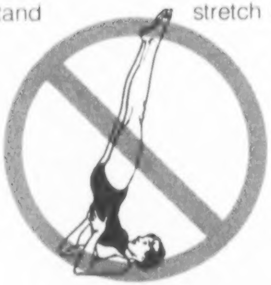
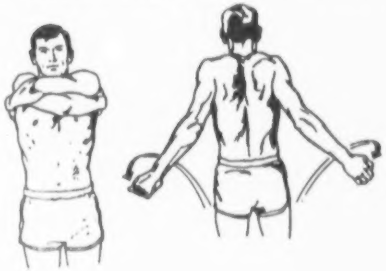
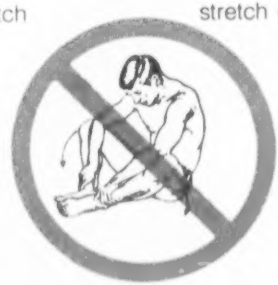
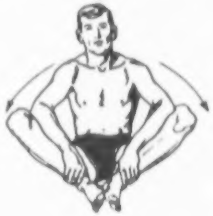
Exercise Precautions

The following list describes some potentially harmful exercises and suggests an alternate activity for each.

Exercise	**Purpose**	**Potential Harm**	**Alternate**
Yoga Plow 	stretch the back, neck	Stresses blood vessels to the brain and upper spinal cord by kinking vertebral artery, thereby cutting off circulation. It also places great pressure on spinal discs and ligaments, and can cause permanent fibre damage at the base of the spine and the sciatic nerve by stretching nerve fibres beyond their limits.	Fetal roll, drop chin to chest. 
Hurdler's Stretch 	stretching hamstrings	Often stretches the muscles and ligaments in the groin farther than they were designed to be stretched. Chronic groin pull can be the painful result. It can also lead to injury of the medial colateral ligament (the one which helps stabilize the knee) because of twist caused by foot flared outward. The sciatic nerve is also stressed - more so among adults.	The sole of the foot of the bent leg should touch the inside of the straight leg. 
Duck Walk and Deep Knee Bends 	muscular strength - quadriceps	Tearing of lateral knee cartilage	Partial knee bends. 

Exercise	Purpose	Potential Harm	Alternate
Toe Touching 	stretch the hamstrings	When swooping forward to plant palms firmly on the floor, the posterior longitudinal ligament, which is one of the main supporting ligaments of the spine is overly stressed as the back can give no support while toe touching. As well, this movement does not relax the muscles but actually tightens them. The sciatic nerve also runs the risk of being pulled.	Let the knees bend. 
Ballet Stretch 	hamstring stretch	The sciatic nerves are unnaturally elongated and the stretch imposed on the back of the knee, low back ligaments, muscles, joints and discs is very risky.	Single leg raises with leg on floor bent. 
Straight Leg Raises 	strengthening quadriceps	Stretches the sciatic nerve beyond its normal limits. If back isn't held flat to the floor it leads to low back pressure on the ligaments, muscles and discs.	Bend the leg on the floor and lift one leg at a time. 

Exercise	Purpose	Potential Harm	Alternate
Knee Stretches 	stretching the quadriceps	Exceeds the natural skeletal range of motion of the knee - the value of this is questionable. It stretches the patellar and collateral knee ligaments, which are needed for stabilizing the knee.	Lying supine with your right hand, grab your right ankle and pull toward your body. 
Situps - straight leg 	abdominal strength	After you come up about 30⁰ from the floor the abdominal muscles have been maximally shortened. After that point it becomes a hip exercise - they cannot flatten the lower abdomen. Also after the 30⁰ point back strain and nerve elongation begin to occur.	Bend your legs, do partial situps, cross your arms in front of you instead of behind your head. However if you have back trouble, be cautious about even bent leg situps. 
Cobra 	stretch abdominals	It causes pressure on the lower back.	Avoid it with people who have back problems. Otherwise do not hyperextend the neck, and you can alternate arms and legs and extend. 

Exercise	Purpose	Potential Harm	Alternate
Full Head Roll 	stretch the neck	Increases pressure on vertebral discs and nerves. Extreme range of motion, especially hyperextension, should be avoided.	Lateral Flexion instead. 
Shoulder Stand 	stretch upper back and neck	Increases pressure on vertebral discs and nerves. Same problems as the Yoga Plow, best to avoid.	Use the hug and stretch instead. 
Groin Stretch 	stretch groin area	Can be contraindicated if you bend forward from the head and shoulders. This puts pressure on the lower back.	Be sure to concentrate on making the initial move forward from your hips. Keep your lower back flat and look forward. 

GD72

Exercise Precautions

Basic Rules that Apply to Exercising In the Cold

- Do not underestimate the temperature. A lot of problems occur in temperatures of 1ºC - 10ºC when dampness, not severe cold, is the problem. Try to get dry as soon as possible.
- Keep the torso warm so that heat can be sent to less insulated areas.
- Avoid sweating. Clothing can serve as an insulator. However, it should allow adequate ventilation to maintain the balance of heat loss and heat production.
- Use your head. Keep it covered to help force the heat to the extremeties. Uncover it when necessary to avoid sweating.
- Dress appropriately. Keep comfortably warm, removing clothes as the internal temperature increases.

Adapted from Manitoba Provincial Fitness Leadership Development Program - Fitness Leader Manual, Manitoba Health, Health Promotion Directorate, Fitness Section

GRADE 7

FAMILY LIFE

THE FAMILY LIFE UNIT

INVOLVEMENT OF PARENTS

Parents are the primary educators of their children on family life education. Schools should play a supporting role to supplement parental education.

Generally, most parents support family life education in school. However, they may have a number of questions about the program before they will give that support. For that reason, it is vital for schools to involve parents in discussing the unit, ***before using the materials.***

Parents must be given an opportunity to find out what will be taught in the lessons, to meet the teachers (and other resource people) who will be delivering the program, and to ask questions. This can be done most effectively by holding a parent information session.

This should include:

- the principal of the school
- teachers who will be teaching the lesson
- any resource people, such as the community health nurse, who might be involved with the lessons.

Most parents attending the meeting want to find out about the content, objectives and methods used in the unit. Basic information during the session should include:

- a brief outline of the program
- a sample of some of the activities in which students will participate
- sample handouts
- copies of any activities in which parents will participate during the evening
- translation of goals, etc., as necessary
- viewing of any films which may be used

It is important to emphasize that the purpose of the Family Life unit is to support, and not to replace, the parent or family role and responsibility. The parent information session is one important way for teachers to show that they want and welcome parental support, involvement and concern.

Parent meetings are often a good opportunity to initiate ongoing parenting groups. Parents may decide to meet regularly during the year to discuss topics related to Family Life or other health programs going on in the school. The G.N.W.T. Family Life Education Consultants may be able to assist in the development of parent groups.

Following the meeting, parents will be able to decide whether they want their children to be involved in the lessons.

PARENTS, WHO DO NOT WISH THEIR CHILD(REN) TO PARTICIPATE IN THE LESSONS, MAY INDICATE TO THE SCHOOL THAT THEY WILL BE WITHDRAWING THEIR CHILD(REN) FROM THIS PARTICULAR UNIT. PARENTS MUST MAKE THE FINAL DECISION.

Schools must make alternative arrangements for students who are withdrawn from these classes.

In order to withdraw their child(ren) from the classes, parents must sign a withdrawal form (see sample).

FAMILY LIFE CLASSES

NAME: ____________________

GRADE: ____________________

I do not wish ____________________ to participate in the Family Life classes which will be offered by the school in the near future.

____
Parent/Guardian signature

____
Date

FLI

Because of the need to foster a positive classroom atmosphere, teachers need to take time to get to know their students. Teachers should teach the Mental and Emotional Well-Being and the Growth and Development units before introducing the Family Life lessons. Many of the skills which students will be developing in the Mental and Emotional Well-Being unit, such as decision-making skills, communication skills, relationship building and coping skills, will assist in the development of an atmosphere conducive to effective Family Life education.

FAMILY LIFE

GRADE: 7 **LESSON: 1** **THEME: FAMILIES**

CONCEPT: FAMILIES MAKE IMPORTANT DECISIONS ABOUT THE ROLES AND RESPONSIBILITIES OF MEMBERS

PREPARATION:

VOCABULARY: decisions, unity, alternatives

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify decisions which are made within the family	Students: 1. List decisions which may be made within the family.	Background Information: Page — Have students brainstorm decisions which families make. Decisions might include: - bed-time - where to go on holidays - how money is spent - what time to be home by - household responsibilities - what to do in spare time (TV, job, volunteer work, sports) - whom to socialize with - whether to move to another community - how much TV is watched - whether or not to go to school

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) identify family decisions that affect the roles and responsibilities of its members	2. Select a decision and outline how it affects the roles and responsibilities of family members.	Some decisions which are made within families affect their members' roles and responsibilities: e.g., the decision as to whether or not the mother will work outside the home. Prepare a chart to look at the alternatives. Have students identify how each affects the roles and responsibilities of different family members: e.g.,

Decision	**Family Members**	**How does it affect their roles and responsibilities?**
mother stays at home to look after children	- mother	- major care-giver - takes care of most household chores (shopping, cleaning, etc.)
	- father	- major provider (e.g., wage earner, hunter, etc.) - participates in child-rearing in evenings and at weekends
	- children	- many things are done for them
mother goes out to work	- mother	- partial wage earner/provider - part responsibility for cleaning, cooking, etc.
	- father	- partial wage earner/provider - shares in looking after children, doing chores, etc.
	- children	- share in doing chores, etc. - look after younger children after school

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		In small groups, have students select a decision which would affect the roles and responsibilities of family members: e.g., - regular attendance at school versus education on the land - choosing the language which will be used in the home Have each group outline the roles and responsibilities on a chart. Ask each group to share its chart with the rest of the class. Discuss.

FAMILY LIFE

GRADE: 7
LESSON: 2
THEME: HUMAN DEVELOPMENT AND REPRODUCTION

CONCEPT: REPRODUCTION ENSURES THE CONTINUATION OF NEW LIFE

PREPARATION:

1. Prepare overhead transparencies of Activity Sheets FL72 and FL74
2. Prepare a class set of Male Reproductive System worksheet and Female Reproductive System worksheet (Activity Sheets FL73 and FL75)
3. Pocket chart and word strips

VOCABULARY: epididymus, vas deferens, Cowper's gland, prostate gland, seminal vesicle

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify the structure and function of the male reproductive system	Students: 1. Discuss the structure and function of the male reproductive system.	Background Information: Page FL79 to FL80 The overall function of the male reproductive system is to produce sperm which, if combined with the egg of a female, will develop into a baby. Refer to Activity Sheet FL72. Use the overhead transparency, a pocket chart and word strips to discuss the structure and function of each part of the male reproductive system.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES

Reproductive Part	Function
Testicles	produce sperm and testosterone
Scrotum	the bag which holds the testicles
Epididymus	stores mature sperm cells before they enter the vas deferens
Vas deferens	carry the sperm from each testicle to the urethra
Prostate gland	adds fluid to the sperm to make semen
Cowper's gland	releases fluid into the urethra
Urethra	carries urine out of the body
Urethra	carries semen out of the body
Penis	holds the urethra which carries the sperm and urine out of the body at different times
Seminal vesicle	releases fluid which nourishes the sperm and allows it to travel more easily along the vas deferens
Sperm	is the male reproductive cell

Note: Although the sperm is not a reproductive organ, it is important for students to know what it is and its function.

Mix the word strips. Challenge students to match each reproductive part with its function.

OBJECTIVES

ii) identify the structure and function of the female reproductive system

STUDENT ACTIVITIES

2. Complete the Male Reproductive System worksheet.

3. Discuss the structure and function of the female reproductive system.

TEACHER NOTES

Refer to Activity Sheet FL73.

Have students complete the worksheet individually or in pairs. They can correct their own worksheets from the overhead transparency and pocket chart with sentence strips.

The function of the female reproductive system is to produce eggs (ova). If an egg (ovum) joins with the sperm of a male it is fertilized. The fertilized egg develops into a baby inside the female's body.

Refer to Activity Sheet FL74.

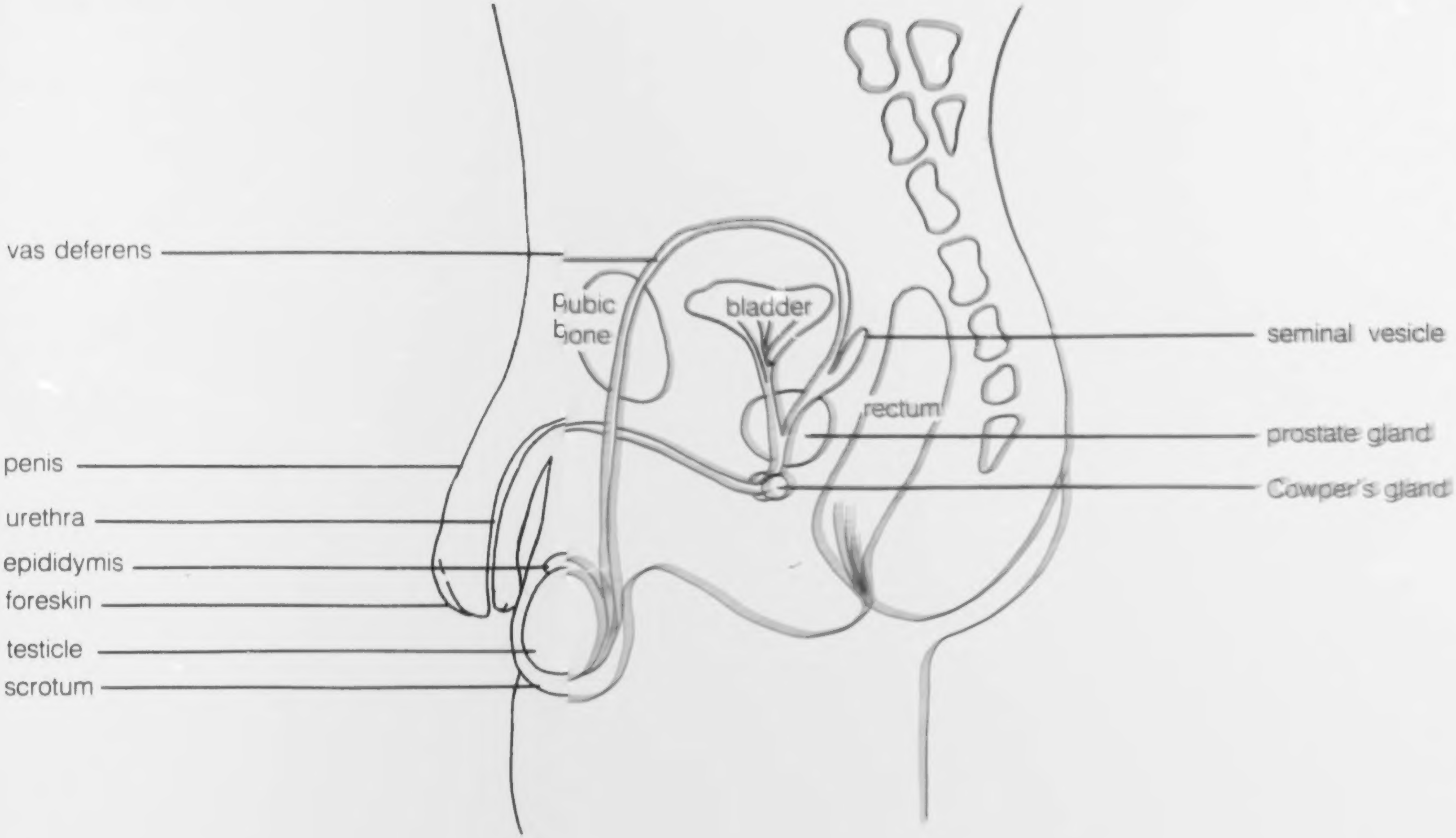
Use the overhead transparency, a pocket chart and word strips to discuss the structure and function of the parts of the female reproductive system.

Reproductive Part	**Function**
Ovaries	where eggs develop and are stored
Fallopian tubes	carry the egg to the uterus
Uterus	where the egg grows into a baby
Cervix	the opening to the uterus
Vagina	the opening into which the penis is inserted during sexual intercourse and which then receives the sperm
Vagina	the opening through which a baby is born
Ovum/egg	the female reproductive cell

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Note: Although the ovum is not a reproductive organ, it is important for students to know what it is and does. Mix the word strips. Challenge students to match each reproductive part with its function.
	4. Complete the Female Reproductive System worksheet.	Refer to Activity Sheet FL75. Have students complete the worksheet individually or in pairs. They can correct their own worksheets from the overhead transparency and the pocket chart with word strips.

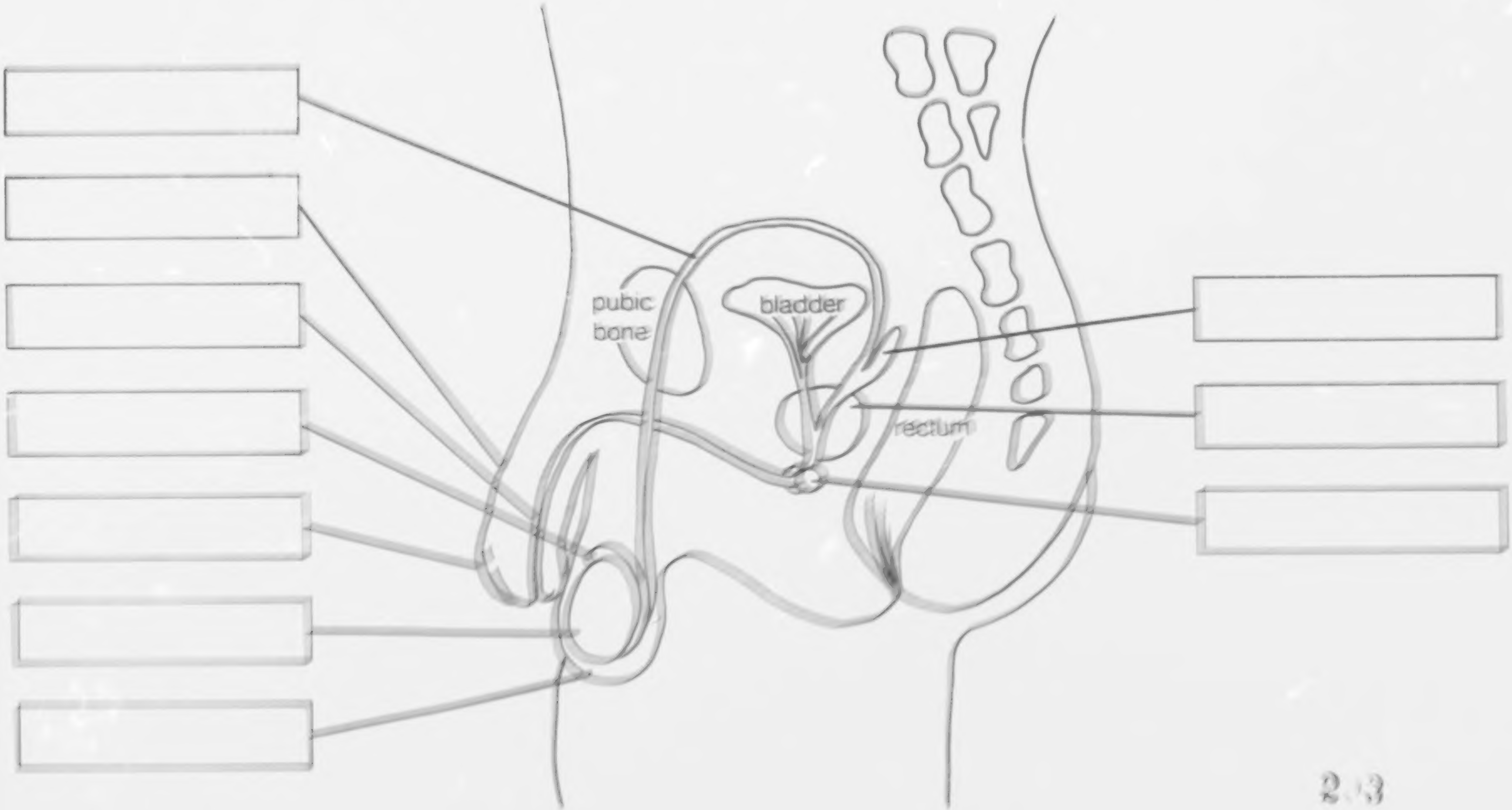
MALE REPRODUCTIVE SYSTEM

FL72


vas deferens
pubic bone
bladder
seminal vesicle
rectum
prostate gland
Cowper's gland
penis
urethra
epididymis
foreskin
testicle
scrotum

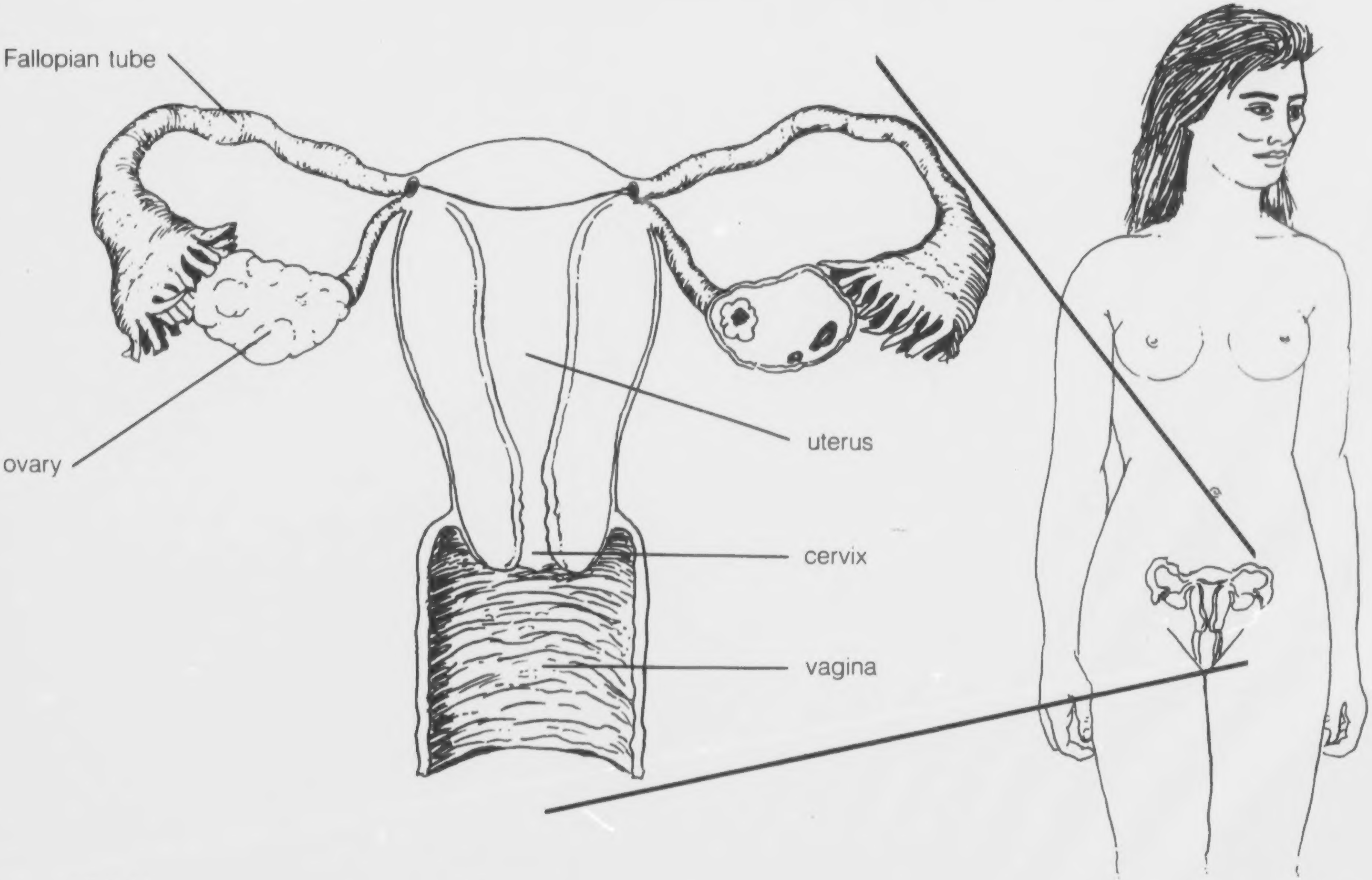
MALE REPRODUCTIVE SYSTEM

In each box, name the reproductive part and briefly describe its function.


pubic bone
bladder
rectum

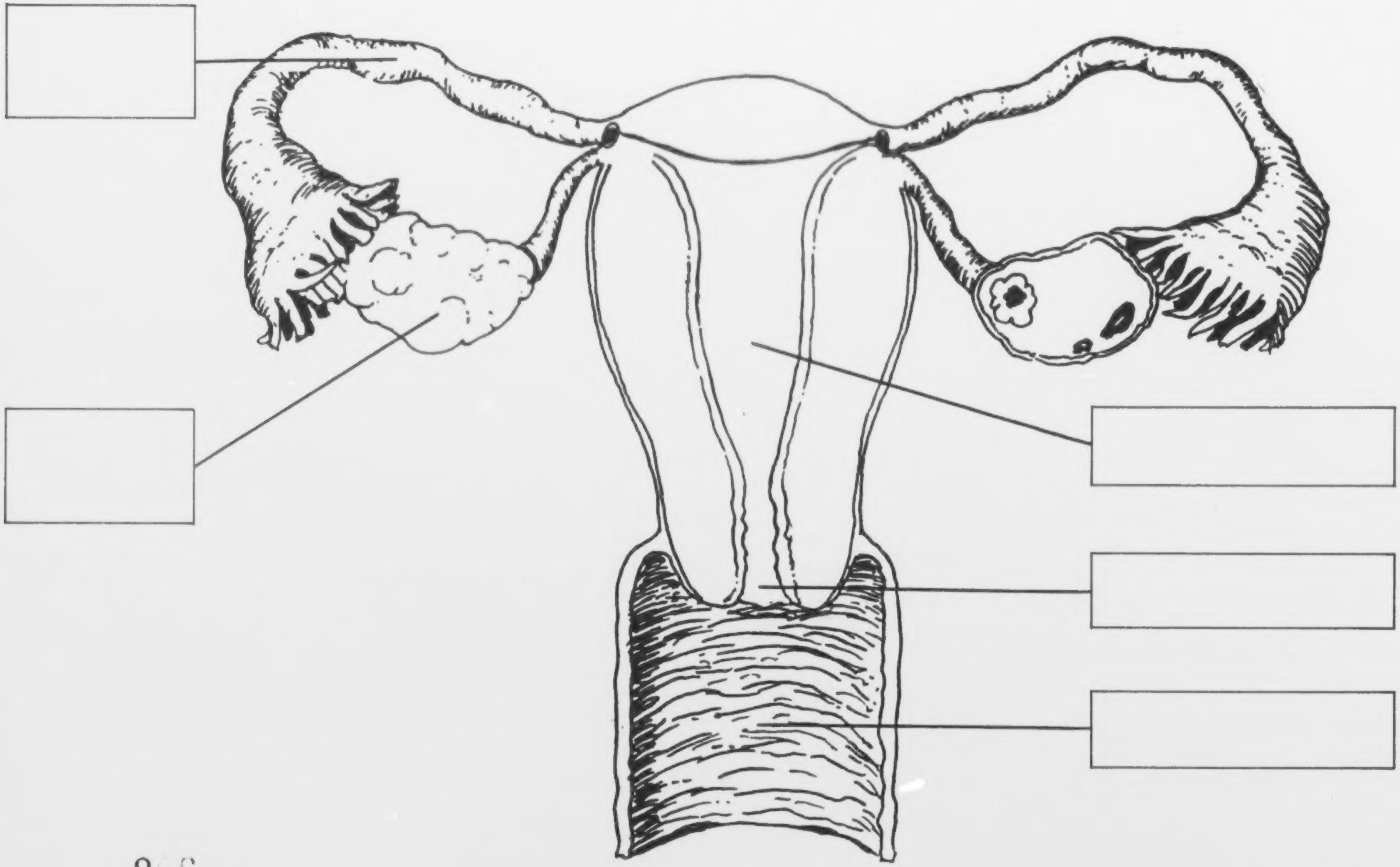
FEMALE REPRODUCTIVE SYSTEM

FL74


Fallopian tube
ovary
uterus
cervix
vagina

FEMALE REPRODUCTIVE SYSTEM

In each box, name the reproductive part and briefly describe its function.



FAMILY LIFE

GRADE: 7 **LESSON:** 3 **THEME:** HUMAN DEVELOPMENT AND REPRODUCTION

CONCEPT: THE DEVELOPMENT OF REPRODUCTIVE CELLS IS A NORMAL OCCURRENCE IN PUBERTY

PREPARATION:

1. Prepare overhead transparencies of Activity Sheets FL76, FL78
2. Prepare a class set of Events of the Menstrual Cycle worksheet (Activity Sheet FL77)
3. Prepare a class set of the Sperm Development Crossword Puzzle (Activity Sheet FL79A)

VOCABULARY: ovulation, erection, ejaculation, development, wet dream

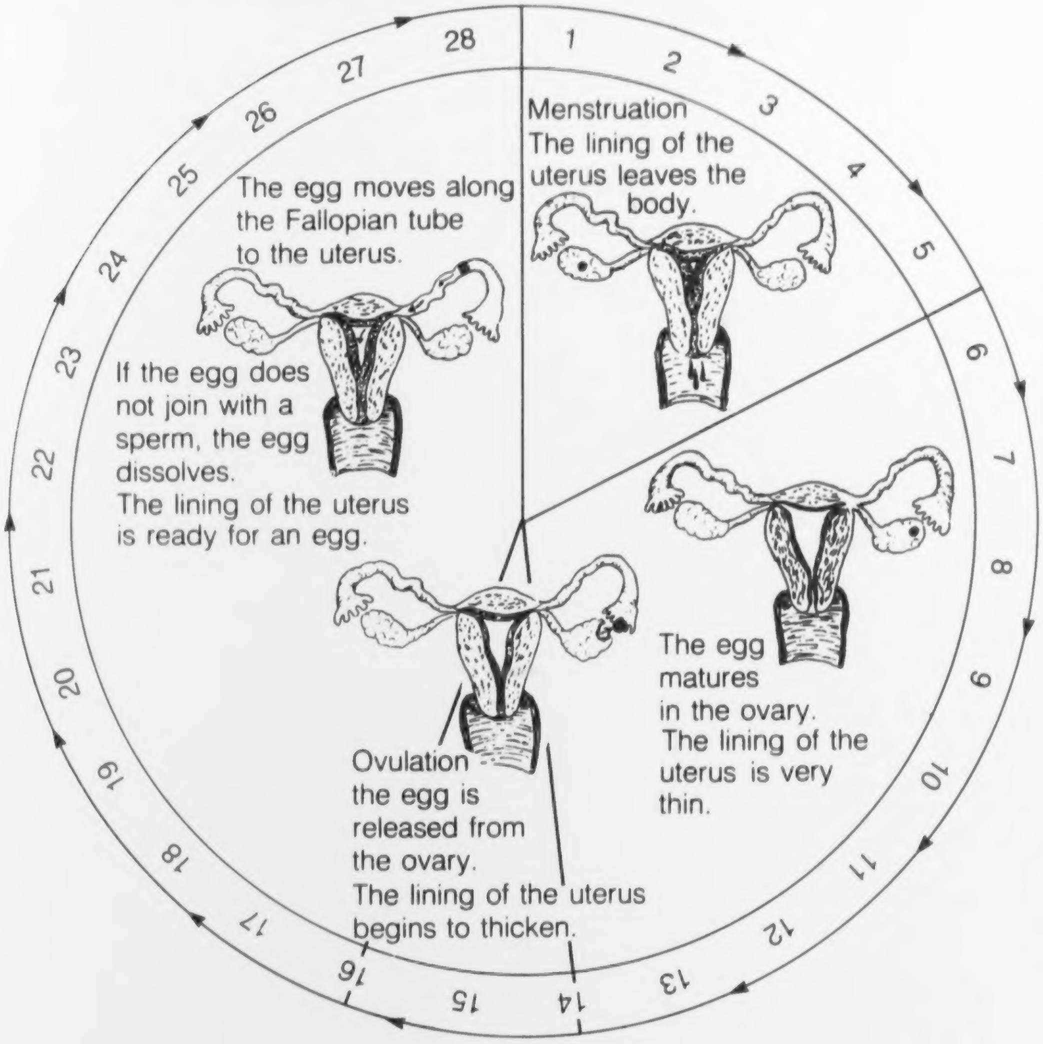
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to	Students:	Background Information: Page FL80 to FL83 The menstrual cycle was taught in Grade 4, Lesson 7 (optional), Grade 5, Lesson 6 and Grade 6, Lesson 6.
i) explain the process of menstruation	1. Define the term 'menstruation'.	Use a dictionary and general discussion to define the term. Menstruation is the flow of blood and tissue from the uterus, through the vagina, about once every 28 days. At puberty, hormones cause the ovaries to release eggs (ova). When an egg (ovum) is released, if it is not fertilized by a sperm, menstruation occurs. (If it is fertilized by a sperm, the female is pregnant and menstruation does not occur.)
	2. Define the term 'ovulation'.	Use a dictionary and general discussion to define the term. Ovulation, or the release of an egg (ovum) from an ovary about once every 28 days, occurs about 14 to 16 days after the first day of menstruation.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Describe the significance of ovulation in the menstrual cycle.	The significance of ovulation is that this is the time in the 28 day cycle that a female can become pregnant. It is the only time when a sperm can join with an egg to develop into a new life. Refer to Activity Sheet FL76. Use an overhead transparency to describe the events of the menstrual cycle. Include the following events in the menstrual cycle: - menstrual flow - one egg matures in one ovary - ovulation - the mature egg is released from the ovary - egg moves along the Fallopian tube to the uterus - if not fertilized, the egg disintegrates and passes through the uterus - menstrual flow begins - (if fertilized the egg imbeds itself in the uterine lining and menstruation does not occur. The female is pregnant.) Ask students the following questions: - How long is a menstrual cycle? - For how many days does the menstrual flow occur? - When does ovulation occur? - What is the importance of ovulation? - What happens if the egg is not fertilized? - What happens if the egg is fertilized?
	4. Complete Events of the Menstrual Cycle worksheet.	Refer to Activity Sheet FL77. Have students identify each event and write two sentences about each. Be sure they describe events both if the egg is fertilized, and if the egg is not fertilized.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) identify personal hygiene practices related to menstruation	5. Brainstorm personal hygiene practices related to menstruation.	Examples of personal hygiene practices include: - washing hands before touching sanitary pads (to prevent contamination of the sterilized pad) - changing pads frequently (to prevent odour and infection) - wrapping and disposing of napkins in garbage cans - cleaning the vulva regularly from front to back (to prevent bacteria spreading from the anus) - bathing/washing regularly - carrying extra pads for use at school/work - knowing where to get pads at school
iii) explain the process of sperm development	6. Describe the development and release of sperm.	Refer to Activity Sheet FL78. Use the overhead transparency to describe the development and release of sperm.
	7. Define the terms 'erection', 'ejaculation' and 'wet dreams'.	Use a dictionary and general discussion to define the terms. An erection is when the penis becomes firm. It happens because blood flows into the penis. Ejaculation occurs when muscles contract to push semen through the urethra and out of the penis. A wet dream (or nocturnal emission) is a normal process that may occur in males when semen is released from the body during sleep.
	8. Complete the crossword puzzle Sperm Development.	Refer to Activity Sheet FL79A. Refer to Activity Sheet FL79B for answers.
iv) identify personal hygiene practices related to the male reproductive system	9. Brainstorm personal hygiene practices related to the male reproductive system.	Personal hygiene practices include: - cleaning around foreskin regularly (to prevent infection) - wearing protective equipment for contact sports - seeking medical attention for abnormal discharges or possible infection

THE MENSTRUAL CYCLE

FL76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27
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Menstruation
The lining of the uterus leaves the body.

The egg matures in the ovary.
The lining of the uterus is very thin.

Ovulation - the egg is released from the ovary.
The lining of the uterus begins to thicken.

If the egg does not join with a sperm, the egg dissolves.
The lining of the uterus is ready for an egg.

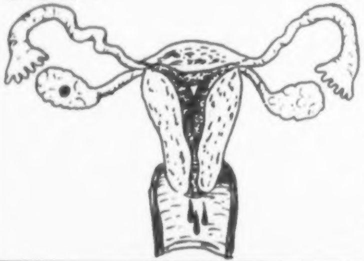
The egg moves along the Fallopian tube to the uterus.

EVENTS OF THE MENSTRUAL CYCLE

FL77

Name each event and write one or two sentences about each one.

Event 1



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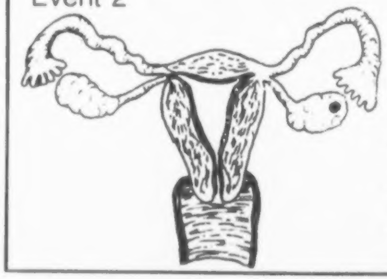
Event 2



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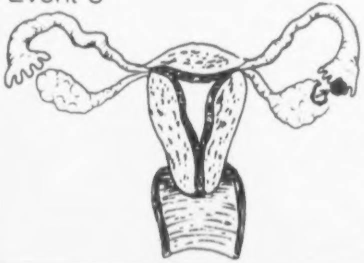
Event 3



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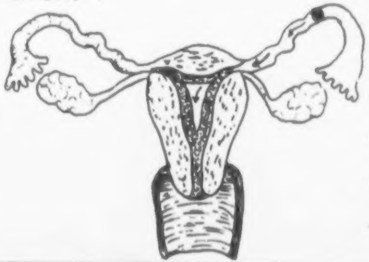
Event 4



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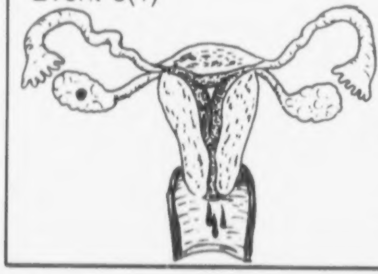
Event 5(1)



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SPERM DEVELOPMENT

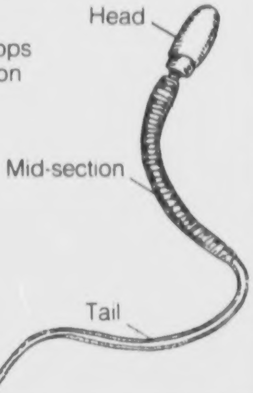
FL78

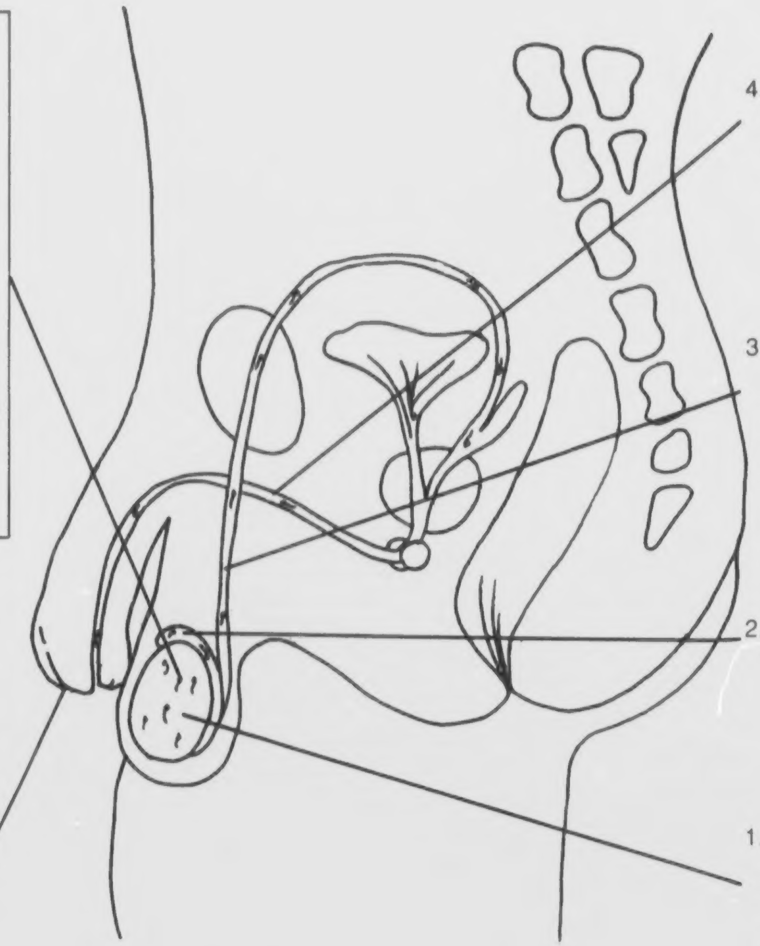
Sperm development begins at puberty. It is not cyclical as in females, but occurs regularly throughout a man's life.

HUMAN SPERM

This is a greatly enlarged illustration of a sperm. The naked eye cannot see a sperm.

The sperm develops a head, mid-section and tail





4. Semen enters the urethra. A muscular ring tightens at the base of the bladder so that urine cannot enter the urethra at the same time.

3. The sperm travel from the epididymus along the vas deferens to the urethra. Fluids from the prostate gland, Cowper's gland and the seminal vesicles combine with the sperm to form semen.

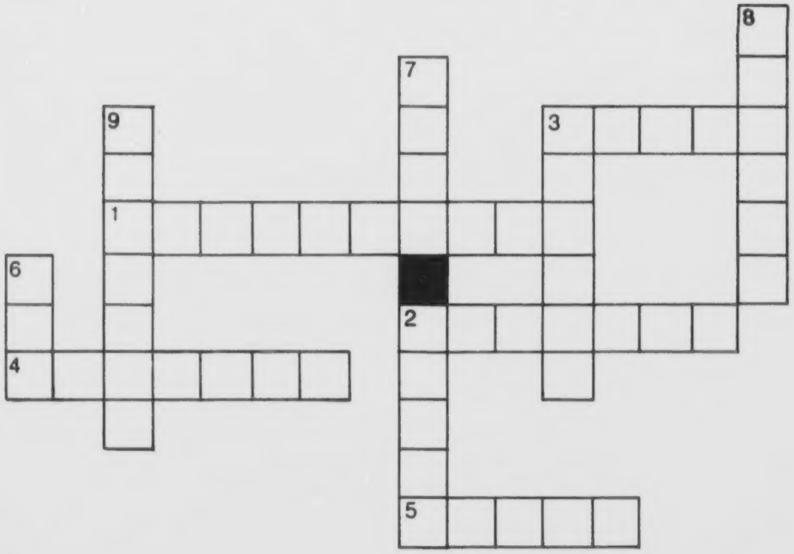
2. Mature sperm are stored in the epididymus until released.

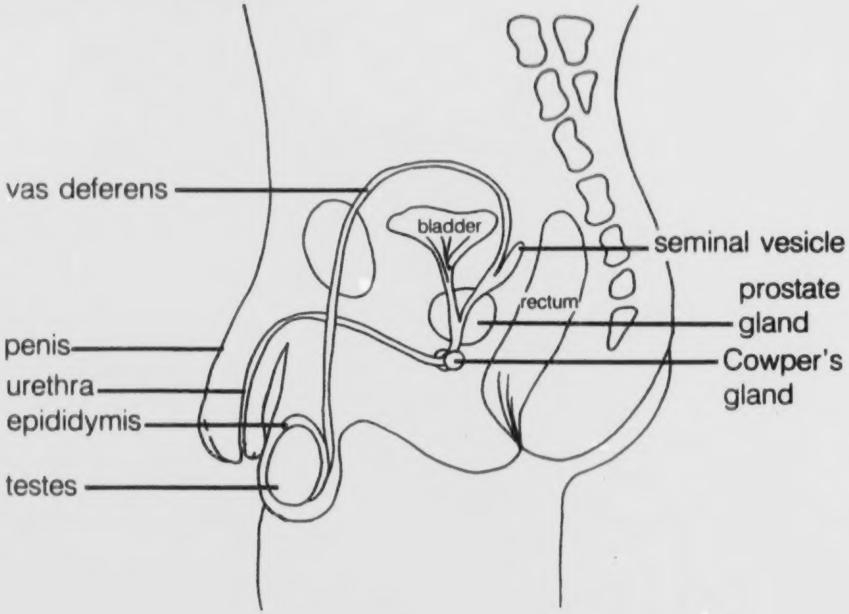
1. Sperm develop in the testes in small tightly-coiled tubes at less than body temperature. The temperature inside the scrotum is approximately 3.5ºC less than body temperature.

5. Sperm leaves the body through the opening at the tip of the penis.

SPERM DEVELOPMENT

FL79A




vas deferens
bladder
seminal vesicle
prostate gland
rectum
penis
urethra
epididymis
Cowper's gland
testes

Across

1. Mature sperm are stored in the ______________________.

2. Sperm development begins at ______ and occurs throughout life.

3. Sperm develop inside small tightly-coiled ______________________.

4. The testes are located inside the ______________________.

5. Sperm combine with glandular fluids to form ______________.

Down

2. Muscular contractions push semen into the ______________

3. The male sperm cells develop inside the ______________

6. Sperm leave the epididymus and move to the ____ deferens.

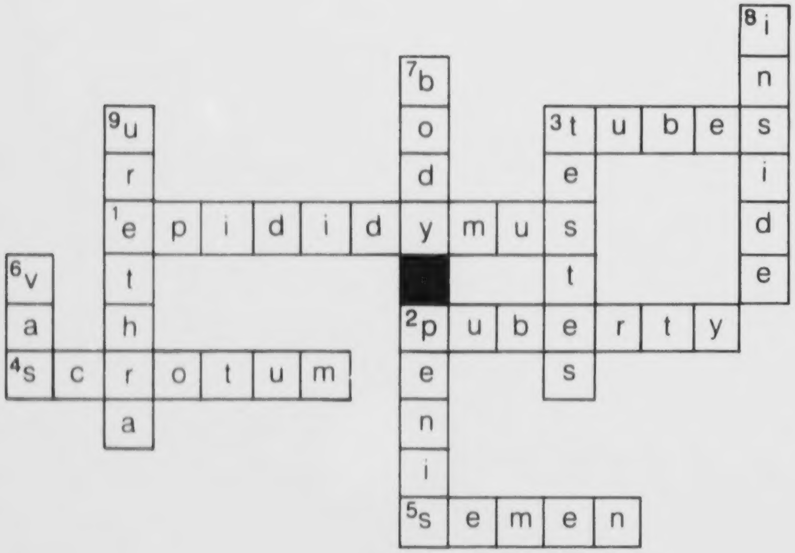
7. The temperature of the scrotum is lower than ____ temperature.

8. Sperm cannot develop ______________ the body cavity.

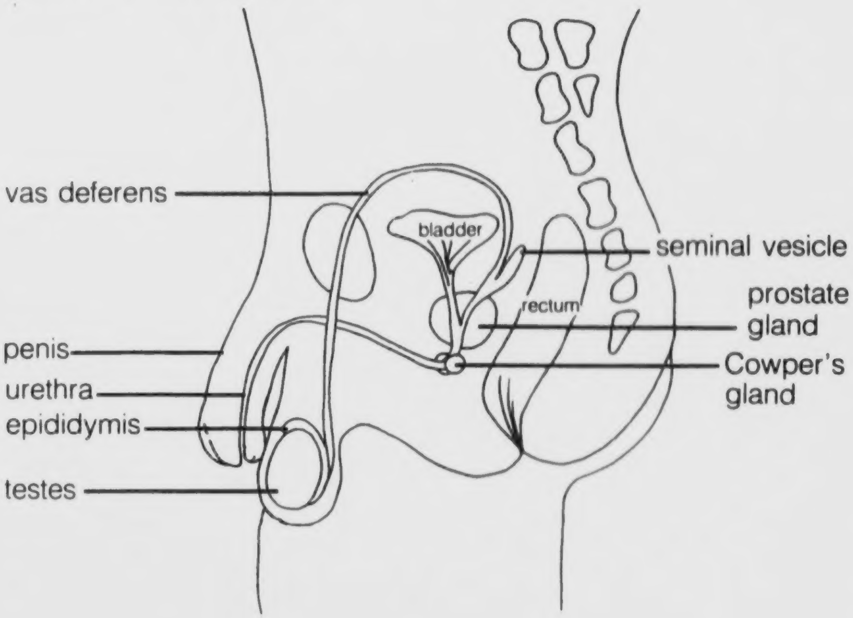
9. The ______________________ is a tube inside the penis.

SPERM DEVELOPMENT

FL79A



1 epididymus
2 puberty
3 tubes
4 scrotum
5 semen
2 puberty
3 testes
6 vas
7 body
8 inside
9 urethra



vas deferens
bladder
seminal vesicle
rectum
prostate gland
penis
urethra
Cowper's gland
epididymis
testes

Across

1. Mature sperm are stored in the ______________________.

2. Sperm development begins at ______ and occurs throughout life.

3. Sperm develop inside small tightly-coiled ______________________.

4. The testes are located inside the ______________________.

5. Sperm combine with glandular fluids to form ______________.

Down

2. Muscular contractions push semen into the ______________

3. The male sperm cells develop inside the ______________.

6. Sperm leave the epididymus and move to the ____ deferens.

7. The temperature of the scrotum is lower than ____ temperature.

8. Sperm cannot develop ______________ the body cavity.

9. The ______________________ is a tube inside the penis.

FAMILY LIFE

GRADE: 7 **LESSON:** 4 **THEME: HUMAN DEVELOPMENT AND REPRODUCTION**

CONCEPT: HUMAN LIFE BEGINS WITH THE UNION OF AN OVUM AND A SPERM

PREPARATION:

1. Prepare a class set of the Beginning of New Life article (Activity Sheet FL80)
2. Prepare a class set of A New Life Begins (Activity Sheet FL81)
3. Obtain pamphlets on fetal development from the nursing station (for Student Activity 4)

VOCABULARY: fertilization, pregnancy, fetus, fetal, sexual intercourse, prenatal

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page FL83
i) explain the processes involved in the development of new life	1. Read the article The Beginning of a New Life.	Refer to Activity Sheet FL81. Have students read the article. Ask them to paraphrase how a new life begins.
	2. Define the terms 'sexual intercourse', 'fertilization', 'pregnancy', 'fetus', 'fetal development' and 'birth'.	These words are underlined in the article "The Beginning of a New Life" from Student Activity 1. The article explains these terms. Use a dictionary for further definition.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Identify the key processes involved with development of a new life.	From the article, have students select the key processes. The key processes are: - sexual intercourse - fertilization of the egg by a sperm - pregnancy - fetal development - birth
	4. Make a 'New Life Begins' class book.	Refer to Activity Sheet FL81. Obtain additional materials on fetal development from the nursing station or public health centre. Divide the class into small groups. Have each group take two or three months of fetal development and prepare a page for each month for a class book. The page should include an illustration and a short paragraph describing the development during that month. Make into a class book.

THE BEGINNING OF NEW LIFE

FL80

The bodies of the male and female are designed in such a way as to make the development of new life possible. During sexual intercourse, the male places his erect penis inside the female's vagina. Millions of sperm cells move along the pathway from the testes, through the penis and into the vagina. The sperm "swim" into the uterus and Fallopian tubes in search of an egg (ovum).

At ovulation, the egg leaves the ovary and travels along the Fallopian tube to the uterus. It lives for about 3 days while sperm live 1 to 3 days.

Fertilization occurs if a sperm finds and enters the egg. This marks the beginning of a pregnancy and the development of new life.

The fertilized egg moves to the uterus and attaches itself to the thick lining of the uterus where it will grow and develop. At first, it is known as an embryo. After 8 weeks it is called a fetus.

Pregnancy lasts for 40 weeks (from fertilization of the egg to the birth of the baby). During this time, the pregnant woman does not menstruate. Her body changes as the fetus inside her grows and develops. Fetal development is the growth of the fetus into a baby capable of surviving outside the mother's uterus.

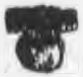
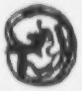
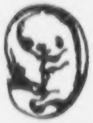
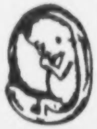
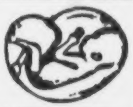
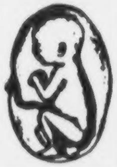
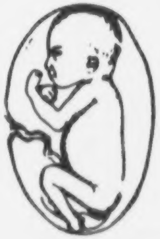
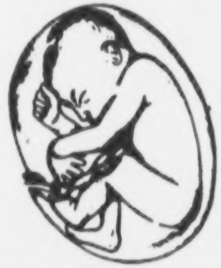
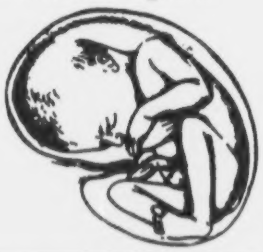
During the pregnancy, many parents attend prenatal classes to learn about the pregnancy and birth and how to look after the new baby.

When the fetus is ready to be born, the mother (and father) will usually go to a nearby hospital.

During birth, the mother works to push the baby out of the uterus through the vagina (birth canal) and into the world. A doctor and nurse will usually help deliver the baby safely.

A NEW LIFE BEGINS — FERTILIZATION TO BIRTH

FL81

TIME	APPROXIMATE SIZE	DEVELOPMENT
1st Day	Smaller than a pinhead	The egg cell and sperm cell join to form a single cell.
7 Days	About the size of this dot • 	The group of cells attach to the uterine lining. It is now called an embryo.
1 Month	Length: 0.6 centimeters 	The heart begins to beat. The nervous and digestive systems form. The eyes and ears are visible.
2 Months	Length: 2.5 centimeters 	The embryo has a large head with a brain and facial features. The fingers and toes appear. The embryo is called a fetus.
3 Months	Length: 7.5 centimeters 	The face is clearer. The first signs of the sex of the fetus appear. The excretory system develops rapidly.
4 Months	Length: 15 centimeters 	The fetus kicks its legs and moves its arms. The skin develops.
5 Months	Length: 25 centimeters 	The rate of growth slows. Fine hair develops. The mother and doctor can listen to the fetal heart. The fetus can suck its thumb.
6 Months	Length: 30 centimeters 	The fetus moves more often. The eyes are open. Outside sound or pressure can increase fetal heartbeat.
7 Months	Length and weight vary 	The fetus is fully developed but does not have enough fat cells to control body temperature. Will need to be in an incubator if born. Greatest change in length and weight occurs during this month.
8 and 9 Months	Length: 46 to 56 centimeters Weight: 2.5 to 3.5 kilograms 	The organ systems complete their development. Fat cells form on the body. The baby is born.

Source: ***Family Living and Human Reproduction.*** Columbus, OH: Charles E. Merrill, 1982, pp 38-39.

FAMILY LIFE

GRADE: 7 **LESSON:** 5 **THEME:** TEEN DECISIONS

CONCEPT: ADOLESCENTS MAKE IMPORTANT DECISIONS RELATED TO THEIR OWN SEXUALITY

PREPARATION: 1. Prepare a class set of Sexual Decisions Case Studies (Activity Sheet FL82)

VOCABULARY: sexuality, abstinence

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page FL84 Adolescents, as part of their growth and development, have to make important decisions related to their own sexual behaviour. These personal decisions are based on values, beliefs and knowledge.
i) explain the reasons for and against sexual involvement by young people	1. List reasons why young people may become sexually involved and reasons why they may postpone sexual involvement.	Divide the class into small groups. Have each group record their responses in two columns on chart paper.

Reasons why young people may become sexually involved	**Reasons why young people may postpone sexual involvement**
- pressure from boy/girl friend - desire to be part of the group - "it just happens" - societal expectations	- moral reasons - parental expectations - fear of pregnancy or sexually transmitted diseases

OBJECTIVES

ii) identify the advantages and disadvantages of sexual abstinence for young adolescents

STUDENT ACTIVITIES

2. Define the term 'sexual abstinence'.

3. Brainstorm the advantages and disadvantages of sexual abstinence for young adolescents.

TEACHER NOTES

- curiosity - to express love/caring - for pleasure - desire to appear grown-up - need to feel loved/lovable - sexual assault (incest, rape, threats)	- either or both partners not ready for sexual involvement - fear of damage to reputation - decision to wait until commitment to relationship is made

Have each group report back to the class. Discuss as a class.

Keep this chart for use with Student Activity 6.

Use a dictionary and general discussion to define the term.

Sexual abstinence is a responsible choice made by young males and females to avoid sexual activity until either marriage or a time when they can assume full responsibility for the consequences of sexual involvement.

Record responses on experience chart:

Advantages	**Disadvantages**
- freedom from fear of pregnancy and sexually transmitted diseases - freedom from guilt - satisfaction of being in control of one's own life - time to develop commitment to relationship	- continued pressure from partner and/or group - possible termination of relationship - risk of health problems (especially mental, social)

Discuss as a class.
Keep this chart for use with Student Activity 6.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
iii) explain why sexual abstinence is a responsible choice for young adolescents	4. Define the term 'values'.	Use a dictionary to define the term. Values are standards, or ideals, upon which actions are based.
	5. List universal values and give examples of each.	Universal values are basic moral standards that guide individual and society behaviours. They include: RESPECT - for self, family and others KINDNESS - to family, friends and others A SENSE OF CARING HONESTY AND JUSTICE - to all people COMPASSION - sympathy NON-EXPLOITATION - not hurting or exploiting others In small groups, have students give examples of each.
	6. Identify statements related to sexual involvement that support or violate universal values.	In small groups, have students look at the responses the class gave in Student Activities 1 and 3. Categorize them into those that support and those that violate universal values: e.g., rape - violates respect and non-exploitation
	7. Explain why sexual abstinence is a responsible choice for young adolescents.	Refer to Activity Sheet FL82. In small groups, have students choose one of the case studies and brainstorm reasons why they think sexual abstinence is a responsible choice in these situations. They can then write their own case studies for the groups to discuss.

SEXUAL DECISIONS CASE STUDIES

FL82

Case Study #1
Why is sexual abstinence a responsible choice for James?

I don't have a lot of experience with girls. Other than talking at school or going to the game hall with a crowd of other kids, I've only ever had one real date. I took Sarah to the big dance we had a few weeks ago at the community hall. But boy what a date! I don't know why I like Sarah so much but it's nice to spend time with someone who seems to notice my good qualities. I can tell that this is going to develop into a real romance but some of my friends seem to want it to develop faster than I do. A lot of the guys are already teasing me about being a "virgin" and bragging about their own achievements. I think a lot of their experiences are make believe but they make me feel left out and like a real loser.

Case Study #2
Why is sexual abstinence a responsible choice for Rebecca?

When I first started dating Jason, it didn't take us long to discover kissing. We had a lot of fun until Jason started demanding more and more affection. He pouts when I don't go along with what he wants and he tells me he loves me when I do. I think I love him too but I wish we would spend more time having fun like in the old days, and less time arguing about sex.

FAMILY LIFE

GRADE: 7 **LESSON: 6** **THEME: TEEN DECISIONS**

CONCEPT: THERE ARE RISKS AND CONSEQUENCES TO MATERNAL AND CHILD HEALTH RELATED TO ADOLESCENT PREGNANCY

PREPARATION:
1. Prepare a class set of "Bernice's Baby" Story (Activity Sheet FL83)
2. Prepare an overhead transparency of Activity Sheet FL84

VOCABULARY: risks, consequences, premature, anaemia, toxemia, haemorrhage

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify the risks and consequences to maternal and child health related to adolescent pregnancy	Students: 1. Read the story "Bernice's Baby" and identify some of the risks and consequences to both the mother's and baby's health.	Background Information: Page FL85. Refer to Activity Sheet FL83. Record student responses on the possible risks and consequences of adolescent pregnancy in two columns as follows:

Mother's health	Fetus's/Child's health
- higher rates of pregnancy complications	- lower birth weight

Refer to overhead transparency (Activity Sheet FL84).

Use the overhead transparency and the student responses to discuss the possible risks and consequences of adolescent pregnancy.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		It should be noted that this lesson is focussing on potential health problems related to adolescent pregnancy. It is also necessary to explain that these do not happen in every adolescent pregnancy.
	2. Participate in a discussion on decisions which Bernice and Richard have to make.	Have students brainstorm some of the consequences which Bernice and Richard will have to consider: e.g., - will they marry? - will Bernice be able to go back to her job? - will Bernice have enough money? etc. In small groups, have students discuss these problems. Report back to the entire class.
	3. Write a story about an adolescent mother and her baby.	Either individually or in small groups, have students write a story about an adolescent mother and her baby. It should include some of the risks and consequences and how they deal with these e.g., because her family supports her. Ask volunteers to share their stories with the rest of the class.

BERNICE'S BABY

FL83

Bernice dropped out of school the year her father died. She was not quite 16 but she thought it would be better to find a job and help pay some of the bills for her large family. She got a job in the restaurant at the local hotel. She liked it because of the money and also because she got to meet a lot of people.

That was how she met Richard. He was in town for a summer job and came to the restaurant every day for coffee. Pretty soon Bernice and Richard were going out regularly to dances, bingos and parties. Bernice had a good time with Richard but she was always careful to get to work in good shape the next day. After all, she needed that job and so did her family.

However, near the end of the summer when her period was late and she felt tired and sick a lot, she learned that she was pregnant. At first, she was shocked and scared but she was sure that Richard would help her work something out. That night when she told Richard, he explained that he did not want to change his plans and stay on in her community — in fact, he had a girlfriend "back home".

In desperation Bernice turned to her family and they took the news much better than she'd expected. Even with her family's support, however, the pregnancy was not a very easy one. She missed a lot of work because her blood pressure was high and she had something called toxemia that made her look fat and puffy. Also, she couldn't afford the kind of food the nurse told her to eat — milk and fresh vegetables were just too expensive.

Bernice worried a lot about squeezing an extra person into their already crowded house but, of course, there was nowhere else for her and the baby to stay.

Geraldine arrived nearly a month early. She was adorable but very tiny. Geraldine had to stay in the hospital down south for nearly 6 weeks. Of course, Bernice stayed with her but she was lonely and depressed about being so far from her family. She loved Geraldine and hated her at the same time.

Bernice had felt so grown up when she got her job at the restaurant. Now she didn't feel grown-up at all — she just felt the pressure of adult responsibilities!

RISKS AND CONSEQUENCES TO MOTHER'S AND CHILD'S HEALTH RELATED TO ADOLESCENT PREGNANCY

FL84

Mother	Fetus/Child
- higher risk of pregnancy complications and birth difficulties e.g., premature baby, long labour - difficulties because of poor diet, poor prenatal care, incomplete physical growth of mother - medical risks such as haemorrhage, high blood pressure, anaemia, toxemia - may have to drop out of school - may have little money, may need assistance - mental and emotional health problems e.g., loneliness, isolation, low self-esteem, guilt - problems about what kind of job, if any, is available to her - pressure to marry - higher risk of divorce if married at a young age - poor housing because of little money - problems handling pregnancy, a relationship and growing up at the same time	- higher rate of infant mortality, deformities, low birth-weight, lower intellectual potential - complications related to tobacco and alcohol use e.g., fetal alcohol syndrome - less stimulation for child for growth and development - increased likelihood of childhood diseases e.g., respiratory problems - increased risks of child abuse

FAMILY LIFE

GRADE: 7 **LESSON:** 7 **THEME:** TEEN DECISIONS

CONCEPT: EFFECTIVE USE OF ASSERTIVENESS SKILLS CAN HELP ADOLESCENTS DEAL WITH SEXUAL PRESSURES

PREPARATION:
1. Prepare an overhead transparency of Activity Sheet FL85
2. Prepare enough copies of Sexual Pressures Case Studies for a number of small groups (Activity Sheet FL86)

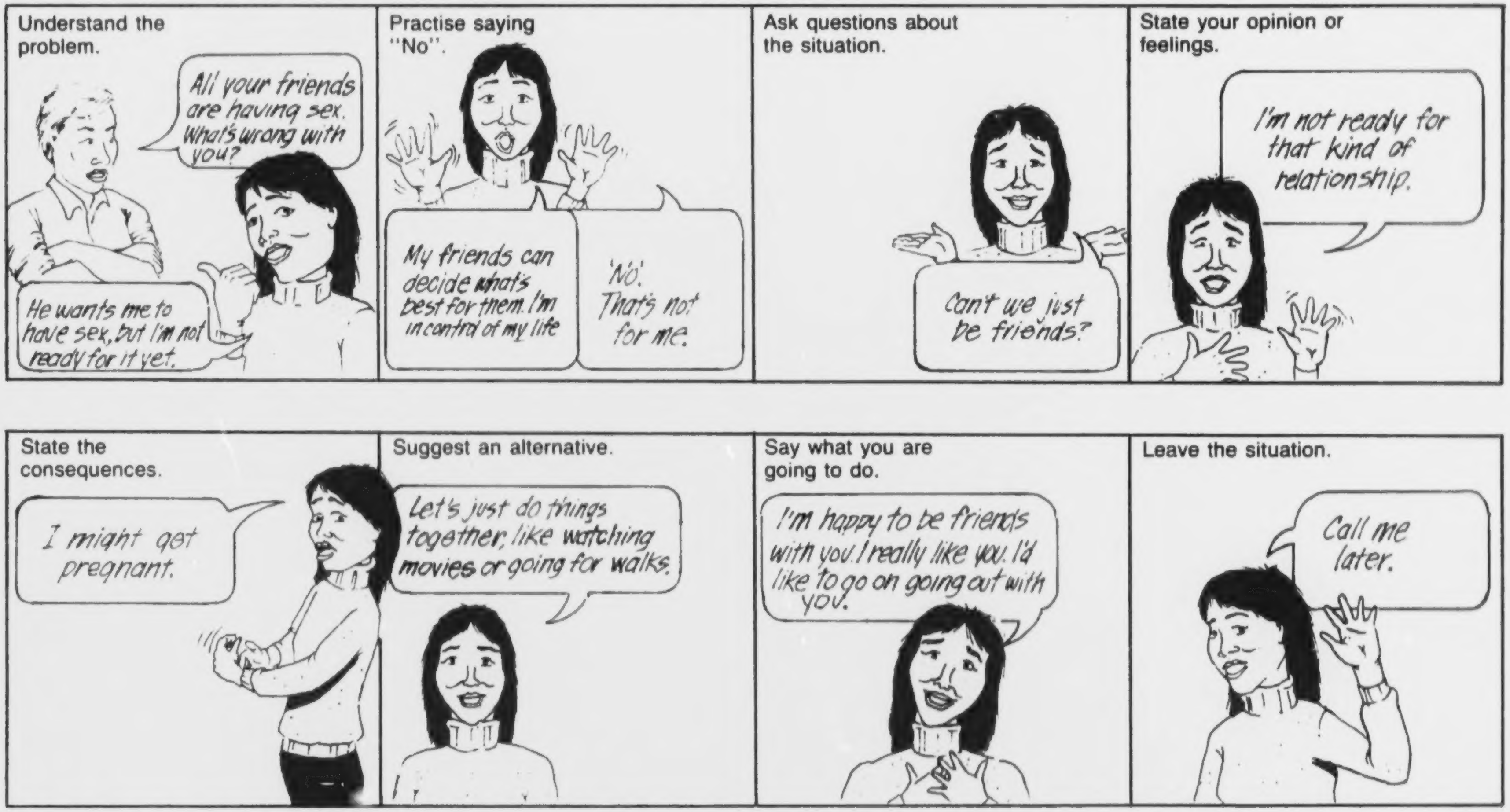
VOCABULARY: refusal process, sexual pressure, assertive, response

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) demonstrate the steps in the refusal process	Students: 1. Review the steps in the refusal process.	Background Information: Page — Refer to Activity Sheet FL85. Using the overhead transparency, review the steps in the refusal process. These were taught in Mental and Emotional Well-Being Unit, Grade 5, Lesson 4. The steps include: - understand the problem - practise saying 'No' - ask questions about the situation - state your feelings (in 'I' messages) - state the consequences - suggest an alternative - say what you are going to do - leave the situation

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) describe assertive responses that allow a person to say 'No' to sexual pressure	2. Observe a demonstration of assertive responses to sexual pressures.	Use one of the case studies from Activity Sheet FL82, Lesson 5, or make up your own. Have two students role play an assertive response for the whole class. Discuss the responses, alternative responses and feelings of the people involved.
	3. Define "assertiveness".	Being assertive means stating your thoughts simply and honestly. Assertive people are pleasant and state their point of view without embarassing or hurting others. Assertive people say what they mean and invite others to do the same. In a situation involving pressure for sex: - the **passive** person might go along with something s/he feels uncomfortable with. - the **aggressive** person might say, "Keep your hands off me you jerk". - the **assertive** person might say, "I feel very uncomfortable when you do that. Please don't."
	4. Demonstrate assertive responses.	Refer to Activity Sheet FL86. Divide class into groups of two or three. Have each group select a case study to role play, demonstrating assertive responses. Ask each group to role play their responses to the rest of the class. Discuss.
iii) explain how assertiveness skills can help adolescents deal with sexual pressures	5. Discuss how assertiveness skills can help adolescents deal with sexual pressures.	In small groups, have students discuss how assertiveness skills can help them to deal with sexual pressures. Record student responses. Assertiveness skills help because: - they let a person say 'No' without feeling upset or guilty - they help a person maintain and show respect - they let a person feel positive about him/herself Have one person from each group report back to the whole class. Discuss.

FOLLOW THESE STEPS

FL85


Understand the problem.
All your friends are having sex. What's wrong with you?
He wants me to have sex, but I'm not ready for it yet.
Practise saying "No".
My friends can decide what's best for them. I'm in control of my life
'No'. That's not for me.
Ask questions about the situation.
Can't we just be friends?
State your opinion or feelings.
I'm not ready for that kind of relationship.
State the consequences.
I might get pregnant.
Suggest an alternative.
Let's just do things together, like watching movies or going for walks.
Say what you are going to do.
I'm happy to be friends with you. I really like you. I'd like to go on going out with you.
Leave the situation.
Call me later.

SEXUAL PRESSURES CASE STUDIES

FL86

1. Diane has just started dating Robert. Robert invites Diane to his place to watch a new video. No one else will be there because his parents and brothers are out.

   Roleplay Diane's response.

3. Janet and Jack are part of a group. They do a lot of things with the group. Now Jack wants to date Janet on her own and go steady with him. Janet is happy as part of the group.

   Roleplay Janet's response.

5. Pat and Barb have been hanging out together for several months. They often pet heavily. Pat feels Barb encourages him to get excited. He wants to cool things down for a while.

   Roleplay Pat's response.

2. Vic and Cathy have been dating for a while. Cathy likes having Vic as a boyfriend. One day Vic starts to talk about his friends having sex with their girlfriends. He wants to have sex with Cathy and starts to pressure her.

   Roleplay Cathy's response.

4. Ted has threatened to end his relationship with Margaret if she doesn't have sex with him.

   Roleplay Margaret's response.

6. Charlotte and Bernie had sex one evening after a party. Bernie feels Charlotte expects that to happen now, but he doesn't want to because he's not ready for that kind of relationship.

   Roleplay Bernie's response.

FAMILY LIFE

GRADE: 7 **LESSON:** 8 **THEME: SEXUALLY TRANSMITTED DISEASES**

CONCEPT: SEXUALLY TRANSMITTED DISEASES ARE SERIOUS COMMUNICABLE DISEASES THAT CAN BE PREVENTED

PREPARATION:
1. Prepare a class set of Chlamydia and Gonorrhea Fact Sheets (Activity Sheets FL87A and FL87B)
2. Prior to the class, invite a community health nurse or doctor to visit the class to discuss sexually transmitted diseases

VOCABULARY: sexually transmitted diseases, ectopic pregnancy, sterility

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) define sexually transmitted diseases	Students: 1. Define the term 'sexually transmitted diseases'.	Background Information: Page FL86 Sexually transmitted diseases (STDs) are a range of diseases that are spread from person to person, mainly, though not exclusively, through sexual intimacy. They are serious and sometimes fatal infectious diseases, although most can be controlled and cured. There are about twenty identified STDs. It is possible to have more than one STD at the same time. Some common STDs are gonorrhea, chlamydia, syphilis, pubic lice, genital herpes and, now, AIDS. Under the NWT Public Health Act, nurses/doctors are required to report the following STDs to the Chief Medical Health Officer for the N.W.T. - syphilis - gonorrhea - AIDS/AIDS infection - chlamydia

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) identify the causes, characteristics, consequences, treatment and prevention of chlamydia	2. Read the sheet on chlamydia. 3. Describe causes, characteristics, treatment and prevention of chlamydia.	Refer to Activity Sheet FL87A. Divide the class into five groups. Have each group take one aspect of chlamydia, research it and record their responses on a chart.

Causes	Characteristics	Consequences	Treatment	Prevention
· germ called ureaplasma · sometimes unknown · organism	· discharge from the penis · burning or itching around the opening to the penis · rectal discharge · often no symptoms · vaginal discharge · pain, itching, burning around vagina	· may spread through reproductive system · may give abdominal pain, fever, nausea, headeache, vomiting · may cause scarring in the reproductive system · may cause sterility · may create health problems in the unborn baby · may cause inflammation of the joints	· seek medical attention · take prescribed antibiotics as instructed · return to doctor/nurse if symptoms persist · testing and treatment of sexual partner(s) · abstain from sexual activity until free from infection · confidential	· sexual abstinence · if sexually active, use a condom · if you think you have chlamydia, get treatment · ask partner(s) to be tested and treated · if sexually active, having only one partner who is free from infection

Discuss with the whole class.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
iii) identify the causes, characteristics, consequences, treatment and prevention of gonorrhea	4. Read the sheet on gonorrhea. 5. Describe causes, characteristics, consequences, treatment and prevention of gonorrhea.	Refer to Activity Sheet FL87B. Divide the class into groups. Have each group take one aspect of gonorrhea and research it. Have each group record their responses on a chart.
	6. Discuss sexually transmitted diseases.	Discuss with the whole class. Invite the community health nurse or doctor to the class to discuss sexually transmitted diseases. Have students prepare questions which they want to ask ahead of time.

Causes	**Characteristics**	**Consequences**	**Treatment**	**Prevention**
- a germ called gonococcus - germ thrives in mucous membranes - germ dies quickly when exposed to air	- often no symptoms - discharge from penis - burning feeling when urinating - mild burning feeling in the female genital area - discharge from the vagina	- infection in reproductive system - pain in internal sex organs - may cause sterility - may cause inflammation of the joints - may cause damage to vision	- seek medical attention - take prescribed antibiotics as instructed - return to doctor/nurse if symptoms persist - testing and treatment of sexual partner(s) - abstain from sexual activity until free from infection - confidential	- sexual abstinence - if sexually active, use a condom - if you think you have gonorrhea, get treatment - name sexual contacts - name sexual contact(s) - if sexually active, having only one sexual partner who is free from infection

AIDS

The AIDS lessons, developed for use with grades 7, 8, 9, should be taught at this point. Refer to the document ***NWT School Health Program AIDS Component.***

CHLAMYDIA FACT SHEET

FL87A

Causes of Chlamydia

Chlamydia is an STD caused by an organism. It is one of the most harmful of the STDs. In some cases, it is caused by a germ called ureaplasma and in other cases, the cause is unknown.

Characteristics of Chlamydia

Men:

- A discharge from the penis.
- A burning or itching around the opening of the penis.
- Rectal discharge.
- Sometimes signs appear only in the mornings, then go away and later reappear.
- Many men with Chlamydia show no symptoms.

Women:

- Discharge from the vagina.
- Pain, itching or burning in or around the vagina.
- Many women with Chlamydia show no symptoms.

Possible Consequences of Chlamydia

If it is left untreated, Chlamydia can:

- spread throughout the entire reproductive system and may lead to abdominal pain and/or fever, nausea, headache and vomiting.
- cause scarring in the reproductive systems of males and females. If this scarring partially narrows the (Fallopian) tube(s), and the woman becomes pregnant, the growing fertilized egg is prevented from reaching the womb (ectopic pregnancy). The baby continues to grow in the narrowed tube causing the tube to rupture. This is a life-threatening situation.
- cause sterility in both women and men (inability to have children).
- cause eye infections or pneumonia in the newborn baby born to mothers who have Chlamydia in their birth canal.
- cause an acute inflammation of the joints which may lead to an arthritic condition.

Treatment for Chlamydia

- Seek medical advice.
- Chlamydia is treated with specific antibiotics. ALL of the medication must be taken as directed.
- Return to the doctor if the symptoms persist.
- Sexual partner(s) should be tested and treated immediately.
- It is important to abstain from sex until the doctor verifies that the infection is gone.
- All diagnosis and treatment of Chlamydia is CONFIDENTIAL.

Prevention of Chlamydia

Chlamydia is most commonly found in sexually active people between the ages of fifteen and thirty years. All sexually transmitted diseases including Chlamydia may be prevented in similar ways:

- Abstain from sexual activity. The more sexual partners an individual has, the higher the risk of becoming infected with Chlamydia.
- Sexually active individuals should use a condom to reduce the risk of infection. Condoms offer some protection for both partners.
- A person with Chlamydia should be treated at once and sexual partner(s) should be tested and treated immediately.

GONORRHEA FACT SHEET

FL87B

Causes of Gonorrhea

Gonorrhea is caused by a germ called a gonococcus which dies quickly when exposed to the air. The germ thrives well in mucous membranes that line body openings.

Characteristics of Gonorrhea

Men:

- Some men have no symptoms. Two to ten days after contact with an infected person, there may be a discharge of pus from the penis and/or a burning sensation when urinating.

Women:

- Some women have no symptoms. There may be a mild burning sensation in the genital area and/or discharge from the vagina.

Possible Consequences of Gonorrhea

If untreated, gonorrhea may infect the internal sex organs causing pain and resulting in sterility. It may spread to the joints causing painful arthritis. It may also cause serious damage to sight.

Treatment for Gonorrhea

- Seek medical advice.
- Gonorrhea is treated with antibiotics. ALL of the medication must be taken as directed.
- Return to the doctor if the symptoms persist.
- Sexual partner(s) should be tested and treated immediately.
- It is important to abstain from sex until the doctor verifies that the infection is gone.
- All diagnosis and treatment of Gonorrhea is CONFIDENTIAL.

Prevention of Gonorrhea

All sexually transmitted diseases may be prevented in similar ways:

- Abstain from sexual activity. The more sex partners an individual has, the higher the risk of becoming infected with Gonorrhea.
- Sexually active individuals should use a condom to reduce the risk of infection. Condoms offer some protection for both partners.
- A person with Gonorrhea should be treated at once and sexual partner(s) should be tested and treated immediately.

GRADE: 7 **LESSON:** 9 **THEME:** ABUSE PREVENTION

CONCEPT: SEXUAL ASSAULT IS A CRIMINAL OFFENCE

PREPARATION:

1. Prepare a class set of Fact and Fiction worksheets (Activity Sheets FL88A and 88B)
2. Prior to the class, invite a member of the RCMP to the class to discuss sexual assault

VOCABULARY: assault, sexual assault, sexual offence, criminal, obscene, obscenity, victim, offender

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page FL87 to FL91
i) define sexual assault	1. Define the term 'assault'.	Use a dictionary and general discussion to define the term. Have students give examples of assault. "Assault" is a threat or intentional use of force against another person. Examples include: - touching - slapping - kicking - pushing - threatening to injure

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Define the term 'sexual assault'.	'Sexual assault' is forced sexual activity ***without consent***. Examples include: - kissing - fondling - sexual intercourse (rape) - incest (sexual intercourse with a close relative) - using sexual obscenities - gross indecency - exposing oneself The final decision on what constitutes sexual assault is determined by a judge in court.
ii) distinguish between fact and fiction on sexual assault	3. Complete the Fact and Fiction worksheet	Refer to Activity Sheet FL88A. Refer to Activity Sheet FL88B for answers. Have students complete the Fact and Fiction worksheets. Discuss.
iii) describe the consequences of assault and sexual assault for the victim and the offender	4. Discuss the consequences of assault and sexual assault for the victim and the offender	Prior to the class, invite a member of the RCMP to class to discuss the consequences. Have students prepare a list of questions which they want answered. Provide the questions to the RCMP in advance.

<table>
<tr><th>OBJECTIVES</th><th>STUDENT ACTIVITIES</th><th>TEACHER NOTES</th></tr>
<tr><td></td><td></td><td>Consequences include:
<table>
<tr><th>Victim</th><th>Offender</th></tr>
<tr><td>- feelings of guilt, anxiety, anger, shame, responsibility
- fear of another attack
- fear of being unable to cope with a sexual relationship
- some physical symptoms
- fear of infection and pregnancy
- disturbances in sleep patterns/ nightmares
- humiliation
- sense of powerlessness
- confused/disoriented</td><td>- imprisonment
- social isolation from family, friends, community
- further loss of self-esteem
- loss of job
- publication of name in media
- feelings of guilt, shame</td></tr>
</table></td></tr>
<tr><td>iv) identify behaviours that help prevent sexual assault</td><td>5. Discuss behaviours that help prevent sexual assault.</td><td>Divide the class into small groups. Have each group brainstorm different behaviours that help prevent sexual assault.
Behaviours include:
- walking in well-lit areas or roads
- walking in pairs or groups
- letting family members know where you will be when away from home
- not hitchhiking or taking rides with strangers
- planning to be met by family member if it is late and you are alone
- saying no to situations that could lead to sexual assault
- having family, friend and community supports to talk with if a potentially dangerous situation exists
- trusting your own instincts
Behaviours to avoid sexual assault in the form of incest include:
- talking to trusted people in the community who can help (e.g., teacher, nurse, priest)
- not going home if the person suspects there's likely to be an assault (e.g., if the offender has been drinking)</td></tr>
</table>

FACT AND FICTION

FL88A

Decide if the statement is FACT or FICTION.

Mark an X in the correct box.

	FACT	FICTION
1. Sexual assaults happen only to women.		
2. Having intercourse with a female 14 years or under is a criminal offence.		
3. Most sexual assaults are committed by strangers to the victim.		
4. If a person is sexually assaulted, there is nothing s/he can do about it.		
5. A person who exposes him/herself is guilty of sexual assault.		
6. Any act of sexual intercourse to which the individual does not consent is sexual assault.		
7. Sexual assault never happens in a person's own home.		
8. A person who shouts sexual obscenities at another person could be charged with sexual assault.		
9. Forcing someone to take part in sexual activity without his/her consent is against the law.		
10. There are serious consequences for the victim and the offender.		

FACT AND FICTION

FL88B

Decide if the statement is FACT or FICTION.

Mark an X in the correct box.

	FACT	FICTION
1. Sexual assaults happen only to women.		X
2. Having intercourse with a female 14 years or under is a criminal offence.	X	
3. Most sexual assaults are committed by strangers to the victim.		X
4. If a person is sexually assaulted, there is nothing s/he can do about it.		X
5. A person who exposes him/herself is guilty of sexual assault.	X	
6. Any act of sexual intercourse to which the individual does not consent is sexual assault.	X	
7. Sexual assault never happens in a person's own home.		X
8. A person who shouts sexual obscenities at another person could be charged with sexual assault.	X	
9. Forcing someone to take part in sexual activity without his/her consent is against the law.	X	
10. There are serious consequences for the victim and the offender.	X	

FAMILY LIFE

GRADE: 7 **LESSON:** 10 **THEME:** LIFESTYLE

CONCEPT: POSITIVE LIFESTYLE PRACTICES PROMOTE HEALTH

PREPARATION:
1. Prepare a class set of Towards Healthy Sexuality and Family Relationships (Activity Sheet FL89)
2. Chart paper and felt pens for several groups

VOCABULARY: sexuality, positive behaviours

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify positive lifestyle practices that promote healthy sexuality and family relationships	Students: 1. List positive behaviours that promote healthy sexuality and family relationships	Background Information: Page Review each lesson in the Grade 7 Family Life unit. Identify with students one positive behaviour for each lesson. e.g. Lesson 1 - Families — assist in making responsible family decisions and fulfilling assigned roles/tasks Lesson 11 - Abuse Prevention — practise behaviours that help prevent sexual assault Then divide the class into small groups. Have each group brainstorm positive behaviours for one of the following themes:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		- Families - Human Development and Reproduction - Teen Decisions - Sexually Transmitted Diseases - Abuse Prevention Have groups record their responses on chart paper and present them to the class for discussion.
ii) design a personal program to promote healthy sexuality and family relationships	2. Select one behaviour that promotes healthy sexuality and family relationships.	From the brainstormed lists, have each student select one behaviour which will become part of a personal program.
	3. Design a personal program to promote healthy sexuality and family relationships.	Refer to Activity Sheet FL89. Have each student complete - My Goal - Why I Want To Reach This Goal - What I Have To Do To Reach My Goal
	4. Practise his/her personal program for a given time period.	Refer to Activity Sheet FL89. Have students decide on a time period for their personal program and using the chart "How I Am Doing", keep a daily record of their progress during that time.
iii) evaluate the effectiveness of the program	5. Describe the degree of success with his/her program.	Refer to Activity Sheet FL89. Have students evaluate how successful they were in working towards their goal and record the evaluation in the section "How Did I Do?". Successes can be shared among friends, in small groups, or as a class depending upon the goals set and whether or not students are comfortable with such sharing.

FL89

TOWARDS HEALTHY SEXUALITY AND FAMILY RELATIONSHIPS

Name: ______________________________

My Goal: (Specific goal that I wish to work towards)

Why I want to reach this goal:

What I have to do to reach my goal:

Things I have to do:	Supports I need to help me:

FL89 (cont'd)

How I am doing:

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	
							Week 1
							Week 2
							Week 3
							Week 4

How did I do? (Summary of my daily comments; my successes in working towards my goal)

GRADE 7

TEACHER BACKGROUND INFORMATION

FAMILY LIFE

THE TERMINOLOGY OF THE FAMILY LIFE UNIT

Some students may have difficulty understanding or participating in the discussions because they have different words to describe the concept. Many students will know only the "common" or "slang" terminology. In the Family Life classes, students will be learning and using the medical terminology.

Medical Terminology	Common	Slang
urinating	peeing	pissing

Students may use the "common" or "slang" term initially, because they are comfortable using it, and/or do not know the medical term. Once the medical term has been taught in class, teachers should ensure that students refer to the concepts using the correct medical terminology.

TERMS RELATED TO THE MALE REPRODUCTIVE SYSTEM

sperm:	the male reproductive cell; it generally lives for 1 to 3 days; males do not begin to produce sperm until puberty
scrotum:	the outer sac or bag which holds the testicles
testicles:	two glands located inside the scrotum; these are where sperm are produced; it is common for each testicle to be slightly different in size
vas deferens:	the tube which leads from each testicle to the urethra; sperm travels along this tube from the testicle to the urethra
prostate gland:	a large gland which surrounds the male urethra in front of the bladder; it secretes fluids which lubricate the sperm
urethra:	a tube inside the penis which carries both urine and semen to the outside of the body; semen and urine do not travel down the urethra at the same time
Cowper's glands:	these glands secrete a small amount of fluid into the urethra just before the sperm reach this point
penis:	an external body organ through which urine and sperm leave the body
ejaculation:	the discharging of semen from the body through the penis
erection:	the penis grows larger, becomes stiff and hard and sticks out from the body. This happens because blood flows into the loose skin of the penis. It can result from sexual stimulation (e.g. a sexual thought, seeing an attractive person, or from rubbing the penis) or spontaneously without any apparent reason. Erections are a natural occurrence which tend to happen more frequently during puberty.
wet dreams:	ejaculations which occur at night as a result of a dream
masturbation:	the rubbing or stroking by a person of his/her own sexual parts. Masturbation does not cause physical harm. It is normal if a person chooses to masturbate. It is also normal if a person chooses not to masturbate.
epididymus:	where sperm cells are stored before travelling along the vas deferens
seminal vesicle:	produces fluid which provides nourishment and lubrication for the sperm

TERMS RELATED TO THE FEMALE REPRODUCTIVE SYSTEMS

egg (ovum):	the female reproductive cell; it generally lives for 2 to 3 days; females are born with eggs; eggs are stored in the ovaries; at puberty the ovaries start to release one egg a month; ovum - singular; ova - plural
vulva:	the area situated between the legs which protects the openings of the vagina and the urethra; on either side of the vulva are soft folds of tissue called labia; this does not include the anus
vagina:	the opening through which blood and tissue leave the body at menstruation; the opening through which the male penis enters during sexual intercourse; the opening through which a baby is born
cervix:	the neck of the uterus; opening between uterus and vagina
uterus:	a muscular pear-shaped organ; where the fertilized egg grows and develops into a fetus; each month the lining of the uterus thickens to receive an egg; if the egg is not fertilized, the lining of the uterus leaves the body during menstruation
ovaries:	the organs where the eggs are stored and develop; once a month, an egg matures and is released from one of the ovaries; the ovaries contain thousands of tiny, undeveloped egg sacs
Fallopian tubes:	two tubes which connect the ovaries and the uterus. The released egg travels from the ovaries along the Fallopian tubes; hairs on the walls of the tubes help the egg to move along; the sperm fertilizes the egg in the Fallopian tubes.
ovulation:	the point in the menstrual cycle when an ovum or egg cell is released from an ovary; occurs 14 to 16 days after the first day of menstruation

MENSTRUATION

Menstruation is a natural occurrence in a female's life. However, if girls have not been prepared for it, it can be a frightening and worrying experience. It is a signal that her body is preparing itself physically to reproduce. The onset of menstruation varies from person to person — it may begin at nine years of age or at fifteen. The average age, however, is twelve to thirteen years. It continues until menopause, usually around age forty to fifty. Once a girl starts to menstruate, it may take several years before her menstrual cycle becomes regular.

The Main Events

The length of the menstrual cycle may vary from three to six weeks. Usually every four weeks a female's body prepares itself for a possible pregnancy through the action of the female sex hormones. An egg matures in one of the ovaries and the lining of the uterus begins to thicken, preparing to receive a fertilized egg. This lining is rich in blood and will bring nutrients to the developing baby. About halfway through the menstrual cycle (day 14) the ripened egg is released from the ovary (this is called ovulation) and travels along the Fallopian tube. If the egg is fertilized by a sperm within two to three days, a baby begins to develop. It develops for nine months in the uterus. During pregnancy, menstruation does not normally occur.

If the egg is not fertilized, it dissolves. The lining of the uterus is not needed to nourish and protect a baby, and so it is shed and leaves the body through the vagina. The flow of blood and tissue is called menstruation, a menstrual period, or a monthly period.

The menstrual cycle begins on the first day of menstruation and ends the day before the next menstrual period begins. It is usually about twenty-eight days. A menstrual period generally lasts four or five days, but may vary from three to seven.

No one can tell exactly when a girl will begin to menstruate. Some girls experience a slight vaginal discharge several months before their first period.

Only a small amount of blood leaves the body each month. The blood flow is usually heavier at the beginning of menstruation, than near the end.

Menstrual Hygiene

The two main types of menstrual protection which are used to absorb the blood are sanitary napkins (pads) and tampons. Pads are worn externally, usually held in place on the undergarments by an adhesive strip. Tampons are inserted into the vagina. Health professionals do not recommend the use of tampons by young girls.

Toxic Shock Syndrome

Toxic Shock Syndrome has been linked with the use of tampons during menstruation. It is a serious illness which may result in death and which most often affects young women between the ages of 15 and 25.

Symptoms include:

- high fever
- diarrhea
- vomiting
- headache
- muscular pain and weakness

In a very short space of time,

- the person's blood pressure falls
- a rash appears
- skin starts to peel from the hands and feet.

Preventive behaviours related to Toxic Shock Syndrome

Preventive behaviours include:

- changing tampons frequently;
- using tampons with applicators;
- washing hands before inserting the tampon;
- keeping the vulva clean;
- stop using tampons if you think you may have toxic shock syndrome;
- immediately contact the doctor or community health nurse;
- avoid using tampons if you have, or have had, toxic shock syndrome.

During menstruation it is particularly important to maintain personal hygiene. When menstrual blood collects on the pad and contacts the air, bacteria grow causing an odour. Some important points to remember:

- sanitary pads should be changed at least four times daily
- females should wash the vulva regularly from front to back
- sanitary pads should be wrapped and disposed of in the garbage

Menstrual Discomfort

Most females do not experience discomfort during menstruation. However, some do experience:

- nausea
- cramps
- headaches
- a bloated feeling
- tenseness
- tiredness

These are thought to be related to hormonal action. Rest, warm baths, mild exercise and/or massaging the lower abdomen may help. If there are severe symptoms or if symptoms persist, a doctor or nurse should be consulted.

Most girls continue to participate in sports activities during menstruation.

History of Menstrual Aids

In some tribes, menstruating women still go to live in special huts apart from the rest of the community. A grass mat at their feet collects the menstrual flow. After each period the mat is burned.

Inuit women used moss wrapped in a clean, cloth rag as a sanitary pad. They would collect the moss in the summertime and store it for use in the winter. They disposed of these pads by burning them. Similarly, in many tribes of Africa, menstruating women for centuries have used "bandages" made out of grass or some kind of vegetable fibre. These bandages were burned after use.

Depending on the availability of materials, women began to use wads of cloth thick enough to absorb the menstrual fluids. These cloths required soaking, washing and drying during the time of their use.

By the turn of the 20th century packaged linen cloths, very much like diapers, were used. These were made specifically for sanitary protection, being shaped in a more comfortable style. They still needed soaking, washing and drying and still presented problems of absorbency and discomfort.

It was around 1918 that disposable sanitary pads or napkins were first introduced. Made of cotton, cellulose or a combination of both and wrapped in gauze for use with pins and belts, this type of protection has been in use ever since.

The tampon is the newest commercial form of menstrual protection, having been developed by a doctor more than forty years ago. However, the use of tampons is not a new idea. In ancient times in some parts of the world women used rolls of soft wood internally. In other parts of the world women used rolls of grass and roots.

The Cultural Importance of Menstruation

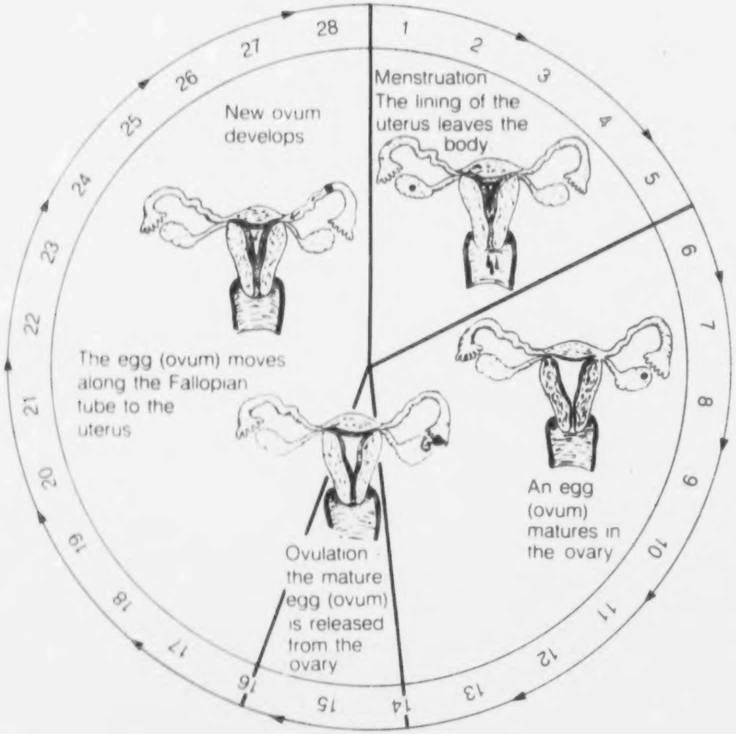
In many cultures a girl is treated differently when she has begun to menstruate. She may be treated in a more grown up way by her family and friends.

In some cultures the beginning of menstruation is designated as a time of celebration. Feasts or special ceremonies to celebrate womanhood are held. The girl is given adult clothing to wear, she is expected to do women's work and perhaps marry.

In traditional Inuit culture, a girl who had begun to menstruate was no longer spoken to as a child and was given increased responsibilities and privileges. In traditional Dene culture, a girl who had begun to menstruate had to live in a tent away from the community to practise the skills her mother had taught her. She was helped in this passage to womanhood by an elderly man, usually her grandfather, who would cook for her and serve her food. It was believed that if she did these things for herself it would increase the heaviness of the menstrual flow. After her first period had passed she was welcomed back to the community and honoured by a special feast.

In today's society many of these traditions have been lost or are simply not practised any longer. A girl's feelings about menstruating may vary depending on how much she knows about it and the accuracy of her information.

OVULATION



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Menstruation
The lining of the uterus leaves the body
An egg (ovum) matures in the ovary
Ovulation - the mature egg (ovum) is released from the ovary
The egg (ovum) moves along the Fallopian tube to the uterus
New ovum develops

THE REPRODUCTIVE PROCESSES

Sex cell development:	The female reproductive cell, the ovum, develops in one of the ovaries and is released once a month. The male reproductive cell, the sperm, develops in the testicles, and is released during sexual stimulation.
The pathway of the sperm:	The sperm travels from the testicles along the vas deferens to the urethra, to the outside of the body.
The pathway of the ovum:	The ovum travels from the ovary along the Fallopian tube to the uterus.
Sexual intercourse:	In order for new life to begin, the ovum has to join with a sperm. The erect penis enters the vagina. Millions of sperm are deposited into the vagina. They travel into the uterus and along the Fallopian tubes.
Fertilization (Conception):	When a sperm cell and an egg cell join together, fertilization takes place.
Implantation:	Shortly after fertilization, the cell divides and continues to divide until 64 cells are produced. This cluster of cells attaches itself to the wall of the uterus, where it will be nourished and protected.
Gestation (Pregnancy):	The time during which the fetus develops in the uterus for approximately 40 weeks. This is also called pregnancy.
Birth:	At the end of that time, the baby is ready to leave the uterus, through the cervix and vagina into the world.
Fetal development:	The growth of the unborn baby in the uterus.

FL83

SEXUAL DECISION-MAKING

There are many pressures on young people to become sexually active. These pressures may come from their peers, from the media and from society in general. Many young people who are already sexually active may not ***really*** want to be, but have been unable to resist those pressures.

Reasons why young people may become sexually involved

- pressure from boy/girl friend
- desire to be part of the group
- force, fear, threat
- societal expectations
- curiosity
- to express love/caring
- for pleasure
- desire to appear grown-up
- incest, rape

Reasons why young people may postpone sexual involvement

- moral reasons
- parental expectations
- fear of pregnancy or sexually transmitted diseases
- either or both partners not ready for sexual involvement
- fear of damage to reputation
- decision to wait until commitment to relationship is made

Everyone, at different times in his/her life, has to make decisions related to sexuality. Although people share many similarities in this area, e.g., everyone wants to love and be loved, they also have different needs and values. Deciding whether or not to be sexually active is only one aspect, however. Young people who decide not to be sexually active must have the necessary assertiveness skills to allow them to say "No".

Abstinence is recommended by health professionals as the most responsible choice, from a health point of view, for young people. Early participation in sexual activity may have serious health risks and consequences — physical, emotional and social — for a young person.

Advantages of abstinence for young people

- freedom from fear of pregnancy and sexually transmitted diseases
- freedom from guilt
- satisfaction of being in control of one's own life
- time to develop commitment to relationship

Disadvantages of abstinence for young people

- continued pressure from partner and/or group
- possible termination of relationship
- risk of health problems (especially mental, social)

Adolescent pregnancy

If a young girl becomes pregnant, there are health risks for both mother and child.

The School Health Program looks at adolescent pregnancy as it relates to the overall health of the parents — in particular, the mother — and the child.

Health Risks and Consequences for the Mother

- higher risk of pregnancy complications and birth difficulties e.g., premature baby, long labour
- difficulties because of poor diet, poor prenatal care, incomplete physical growth of mother
- medical risks such as haemorrhage, high blood pressure, anaemia, toxemia
- may have to drop out of school
- may have little money, may need assistance
- mental and emotional health problems e.g., loneliness, isolation, low self-esteem, guilt
- problems about what kind of job, if any, is available to her
- pressure to marry
- higher risk of divorce if married at a young age
- poor housing because of little money
- problems handling pregnancy, a relationship and growing up at the same time

Health Risks and Consequences for the Fetus/Child

- higher rate of infant mortality, deformities, low birth-weight, lower intellectual potential
- complications related to tobacco and alcohol use e.g., fetal alcohol syndrome
- less stimulation for child for growth and development
- increased likelihood of childhood diseases e.g., respiratory problems
- increased risks of child abuse

SEXUALLY TRANSMITTED DISEASES (STDs)

Sexually transmitted diseases are diseases which are spread by sexual contact with an infected person. There are many kinds of sexually transmitted diseases. Only the more common ones are dealt with in detail in the School Health Program. However, many aspects of the more common STDs are applicable to all e.g., method of transmission, and ways of preventing the spread of STDs.

CHLAMYDIA

Causes	Characteristics	Consequences	Treatment	Prevention
· germ called ureaplasma · sometimes unknown · organism	· discharge from the penis · burning or itching around the opening of the penis · rectal discharge · often no symptoms · vaginal discharge · pain, itching, burning around vagina	· may spread through reproductive system · may give abdominal pain, fever, nausea, headache, vomiting · may cause scarring in the reproductive system · may cause sterility · may create health problems in the unborn baby · may cause inflammation of the joints	· seeking medical advice · take prescribed antibiotics as instructed · return to doctor/nurse if symptoms persist · testing and treatment of sexual partner(s) · abstain from sexual activity until free from infection · confidential	· sexual abstinence · if sexually active, use a condom · if infected, get treatment · ask partner(s) to be tested and treated · if sexually active, having only one sexual partner who is free from infection

GONORRHEA

Causes	Characteristics	Consequences	Treatment	Prevention
· a germ called gonococcus · germ thrives in mucous membranes · germ dies quickly when exposed to air	· often no symptoms · discharge from penis · burning feeling when urinating · mild burning feeling in the female genital area · discharge from the vagina	· infection in reproductive system · pain in internal sex organs · may cause sterility · may cause inflammation of the joints · may cause damage to vision	· seeking medical advice · take prescribed antibiotics as instructed · return to doctor/nurse if symptoms persist · testing and treatment of sexual partner(s) · abstain from sexual activity until free from infection · confidential	· sexual abstinence · if sexually active, use a condom · if infected, get treatment · name sexual contact(s) · if sexually active, having only one sexual partner who is free from infection

FL86

CHILD ABUSE

The U.S. National Committee for Prevention of Child Abuse (1977) defines child abuse as:

"a non-accidental injury or pattern of injuries to a child."

Except in the case of sexual abuse by a stranger, child abuse is not usually a single act, but, rather, a pattern of behaviour.

Child abuse often occurs within a 'trust' relationship i.e., the abuser has some responsibility to, or relationship with, the victim (family member, babysitter, etc.) or has a professional relationship with the victim such as a teacher.

What is Child Abuse?

Child abuse is a global term and takes many forms.

1. *Physical Abuse*

   This can be defined as:

   "any non-accidental infliction of physical injury upon a child" by a caretaker.

   This may be the most easily detected form of child abuse, as scars, bruises, broken bones can be seen. However, psychological scarring also occurs, and does not disappear as quickly as the bruises.

2. *Child Sexual Abuse*

   The British Columbia Ministry of Human Resources defines child sexual abuse as:

   "the sexual exploitation of a child who is not developmentally capable of understanding or resisting the contact, or a child or adolescent who may be psychologically or socially dependent upon the perpetrator."

   It includes a range of behaviours, from exposing of private parts, forced participation in masturbation and fondling to full intercourse.

3. *Emotional Abuse or Maltreatment*

   This can be defined as all acts of omission or commission which result in

   "the absence of a nurturing environment for the child."

   Acts of omission include ignoring or passively rejecting the child, or withholding affection or praise. Acts of commission include constant yelling, demeaning remarks, threatening and verbally rejecting the child. This is probably the most widespread form of child abuse but the most difficult to identify or prove. Emotional abuse is inevitably present with the other three forms of abuse.

4. *Neglect*

   This occurs when caregivers fail to provide a child with the basic necessities of life e.g., food, clothing, shelter, medical care, safety, nurturing, etc. This form of abuse is usually *not intentional*. It can be the result of ignorance of what is appropriate care, an inability to plan ahead, unrealistic expectations of what the child can do for himself, or the consequence of parents incapacitated through illness, injury or handicap.

The effects of child abuse are cumulative. The longer the abuse continues, the more serious it becomes, and the more serious are the child's injuries.

Indicators of Child Abuse

Signs of child abuse do not usually appear in isolation, but rather as a syndrome. It is most important to recognize that the *behavioural* signs are indicative of stress in a child's life and should be investigated further. However, they are not all-conclusive in indicating abuse.

Type of Abuse	Physical Indicators	Behavioural Indicators
Physical	Unexplained bruises and welts - on face, lips, or mouth - on torso, back, buttocks, or thighs - in various stages of healing - clustered or forming patterns - shaped like recognizable object (e.g., belt buckle) - appearing regularly after absences, weekends, or vacation periods Unexplained burns - by cigars or cigarettes, especially on soles, palms, back, or buttocks - by immersion in hot liquid, especially on hands, feet, buttocks, or genitalia - shaped in a recognizable form (e.g., electric range coils, electric iron) - by rope on arms, legs, neck, or torso Unexplained fractures - of skull, nose, or facial bones - in various stages of healing - in multiple locations Unexplained lacerations or abrasions - on mouth, lips, gums, or eyes - on external genitalia	Wary of adult contacts Apprehensive when other children cry Extreme aggressiveness or extreme withdrawal Fear of parents Fear of going home Reporting of injury by parents or others
Sexual	Difficulty in walking or sitting Torn, stained, or bloody underclothes Pain or itching in genital area Bruises or bleeding in external genitalia, vaginal, or anal areas Venereal disease symptoms, especially in pre-teens Pregnancy	Unwillingness to change clothing or to participate in physical education classes Withdrawal, fantasy, or infantile behaviour Bizarre, sophisticated, or unusual sexual behaviour or knowledge Poor peer relationships Chronic delinquency Reporting of sexual assaults

FL88

Type of Abuse	Physical Indicators	Behavioural Indicators
Emotional	Speech disorders Lag in physical development Severe allergies, asthma, or ulcers Alcohol or drug abuse	Habit disorders (e.g., thumb sucking, lip biting, rocking) Antisocial or destructive conduct Psychoneurotic traits (e.g., hysteria, obsessions, compulsions, phobias, hypochondria) Behaviour extremes of compliance or aggression Inappropriate adult or infantile behaviour Mental and emotional developmental lags Suicide threats or attempts
Neglect	Consistent hunger Poor hygiene Inappropriate dress Unattended physical problems or medical needs Alcohol or drug abuse	Begging for or stealing food Early arrivals at and late departures from school Constant fatigue or listlessness Chronic delinquency, especially thefts Reporting of no caretaker at home

(Adapted from *The Educator's Role in the Prevention and Treatment of Child Abuse and Neglect.*
Washington, D.C.: U.S. Department of Health and Human Services, 1984)

SEXUAL ASSAULT

In January 1983, a new federal law dealing with assault and sexual offences came into force.

Sexual assault is forced sexual activity without the consent of one of the people involved. Examples of sexual assault include:

- obscene phone calls
- kissing
- fondling
- sexual intercourse
- incest
- indecent exposure
- sexual harassment (gestures, whistling, etc.)
- child molestation
- gross indecency

The final decision on whether a sexual assault has been committed rests with the judge.

There are consequences for both the victim and the offender. Some possible consequences include:

Victim	**Offender**
- feelings of guilt, anxiety, anger - feelings of guilt, shame, responsibility - fear of another attack - fear of being unable to cope with a sexual relationship - some physical symptoms - fear of infection and pregnancy - disturbances in sleep patterns/nightmares - humiliation - sense of powerlessness - confused/disoriented	- imprisonment - social isolation from family, friends, community - further loss of self-esteem - loss of job - publication of name in media - feelings of guilt, shame

PREVENTIVE BEHAVIOURS RELATED TO SEXUAL ABUSE

Preventive behaviours include:

- walking in well-lit areas or roads
- walking in pairs or groups
- letting family members know where you will be when away from home
- not hitchhiking or taking rides with strangers
- planning to be met by family member if it is late and you are alone
- saying No to situations that may lead to sexual assault
- having family, friend and community supports to talk with if a potentially dangerous situation exists
- trusting your instincts

Behaviours to avoid sexual assault in the form of incest include:

- talking to trusted people in the community who can help (e.g., teacher, nurse, priest)
- not going home if the person suspects there's likely to be an assault (e.g., if the offender has been drinking)

DEPARTMENT OF EDUCATION GUIDELINES FOR EDUCATION PERSONNEL REPORTING SUSPECTED CHILD ABUSE

Any person employed by the Department of Education, a Board of Education, or a Divisional Board of Education in the Northwest Territories who suspects child abuse shall:

1. Immediately report orally the details of the suspected abuse to the local or regional representative of the Department of Social Services.
2. Inform the principal of the school of the report.
3. Follow-up the oral report to the local or regional representative of the Department of Social Services, as soon as possible, with a written report to the Superintendent of Child Welfare in Yellowknife.
4. Upon receiving a report from an employee, the principal shall immediately inform the Regional Superintendent of Education that a report of suspected child abuse has been made.
5. Staff shall ***not*** contact the child's family or the suspected perpetrator or anyone else to inform or further investigate the circumstances of the suspected abuse. This is the responsibility of the Department of Social Services and the R.C.M.P.
6. Any information, oral or written, about child abuse cases is confidential. All written records or reports must be treated confidentially and should not be placed in the child's record or cumulative file. Information necessary in the conduct of the investigation or subsequent treatment of the child or the offender must be shared with the authorized agencies.
7. The above procedures will also be followed by adult educators with regard to children who are or, in the absence of evidence to the contrary, appear to be under the age of 18 years of age. However, adult educators are not required to inform the principal of the school.

Supt. of Child Welfare
Department of Social Services
Box 1320
Yellowknife, X1A 2L9
(403-873-7709)

FL91